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An Analysis of Binder County DWI Court: A Case Study

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An Analysis of Binder County DWI Court: A Case Study

A DISSERTATION SUBMITTED TO THE FACULTY OF THE
SCHOOL OF EDUCATION
UNIVERSITY OF ST. THOMAS
ST. PAUL, MINNESOTA

By

Rachel Engstrom

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF EDUCATION

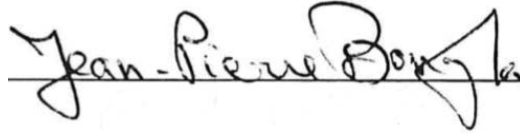
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UNIVERSITY OF ST. THOMAS, MINNESOTA

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We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

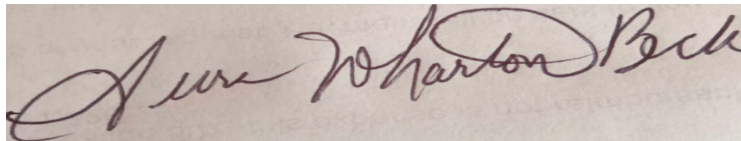
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A handwritten signature in black ink that reads "Jean-Pierre Bongila". The signature is written in a cursive style and is positioned above a horizontal line.

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“Nobody made a greater mistake than he who did nothing because he could do only a little” said Edmund Burke, told to me by Senator Jensen. I would like to start by thanking my St. Thomas family who includes some of the best educators I have had the pleasure to learn from: Mustapha, an amazing team of professors, Cohort 29 and chair of my doctoral committee, Dr. Jean-Pierre Bongila. Special thanks to my committee members Dr. Wharton-Beck and Dr. Chou. This could not and would not have been done without your assistance. Thanks to my friends and family for the unrelenting encouragement and support. Thank you to the Women in my life who always seem to handle life’s difficulties with grace. Last and more importantly, I have a never ending appreciation for Savannah, both of her work on this project, and of her support as a colleague and friend. As Barack Obama, one of the greatest leaders of all time, said:

Today, we are closer to fulfilling America’s promise of economic and social justice because we stand on the shoulders of giants like Dr. King, yet our future progress will depend on how we prepare our next generation of leaders. We must fortify their ladders of opportunity by correcting social injustice, breaking the cycle of poverty in struggling communities, and reinvesting in our schools. Education can unlock a child’s potential and remains our strongest weapon against injustice and inequality. (Obama, 2017, p. 4)

Lastly, and most importantly, I would like to thank the people who were here before me, providing those shoulders for me to stand on. Finally, I would like to acknowledge that 99 percent of this study was done on lands of Indigenous people, ceded in the Treaties of 1837 and 1851.

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ABSTRACT

Substance abuse is more than an individual problem. Drug abuse and addiction cost American society more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs (National Institute on Drug Abuse, 2017a), which makes it a serious economic and public health problem. The societal problem has been normalized by many but Binder County DWI Court began addressing this problem in 2008 by developing a person-centered program that incorporates mindfulness and motivational techniques. This study is intended to gain more information concerning the effects of the program and low recidivism rate as well as how treatment courts can duplicate the best practices.

This study sought to identify the mechanisms, which a DWI (Driving While Intoxicated) Court within Binder county utilized to reduce recidivism. It also examined the elements of those mechanisms that can be adaptable and adoptable in other courts dealing with DWI recidivism. I conducted 3 field experiences, 6 field observations (4 in person and 2 virtual), and interviewed 15 informants including 4 community members, 3 Binder Court DWI staff, and 8 volunteers. Three main findings were found to be the most crucial factors for Binder County DWI Court's success: Binder County DWI Court as a less punitive program; Binder County DWI Court offers integrated services; Binder County DWI Court utilizing evidence-based practices that includes substance use treatment, group and peer support, mental health therapy, and mindfulness practices such as trauma-informed yoga, generated a number of implications for practice and policy change including adapting evidence-based practices, being trauma-informed, utilizing a collaborative approach, organizing specialized positions, and flexibility to socio-political changes.

Keywords: Addiction, court, DUI, motivation, recidivism, treatment

CHAPTER ONE: INTRODUCTION

Substance abuse is a prevalent issue in America. It is helpful for those in Educational Leadership to be informed of the magnitude of the issue, options available, and current findings and resources. In 2015, substance use disorders affected 20.8 million Americans, or 8% of the population—similar to the number of people who suffer from diabetes and 150% of all cancers combined (U.S. Department of Health and Human Services, 2016b, p. 2). This knowledge will allow leaders to provide better resources and support to the many people affected by their own substance abuse or a loved one's substance abuse. It is important for Educational Leaders to be up to date on social issues that affect students' learning and quality of life. In addition to the direct and more obvious consequences of substance misuse, there are also indirect consequences associated with substance misuse. Drug use impairs judgment and leads to risky behavior such as driving under the influence, unprotected sex, and needle/syringe sharing which can result in HIV and hepatitis.

Substance abuse is plaguing American families regardless of race, gender, sex, or class. Roughly 1 in 7 people in the US (14.6 % of population) are expected to develop a substance use disorder some time during their lives (U.S. Department of Health and Human Services, 2016a, p. 2). According to the principal deputy administrator of substance abuse and mental health services administration:

Over 20 million people have substance use disorders, and 12.5 million Americans reported misusing prescription pain relievers in the past year. Seventy-eight people die every day in the United States from an opioid overdose, and those numbers have nearly quadrupled since 1999. Despite the fact that we have treatments we know are effective, only one in five people who currently need treatment for opioid use disorders is actually receiving it (U.S. Department of Health and Human Services, 2016a, p. 3)

In 2015, over 27 million people reported drug misuse, and over 66 million people (about 25% of adult and adolescent population) reported binge drinking in the month prior to the data collection. Substance abuse is more than an individual problem. It is a concern of the general population, insurance companies, and legislators. On an individual level, substance abuse affected 19.7 million American adults, aged 12 and older, in 2017 (Substance Abuse and Mental Health Services Administration, 2017).

Other estimates state that the yearly economic impact of substance misuse is \$249 billion for alcohol misuse, and \$193 billion for drug use (U.S. Department of Health and Human Services, 2016b). Longer term consequences for society include “reduced productivity, higher health care costs, unintended pregnancies, spread of infectious disease, drug-related crime, interpersonal violence, stress within families, and many other direct and indirect effects on communities, the economy, and society as a whole” (U.S. Department of Health and Human Services, 2016b, p. 2). Drug abuse and addiction cost American society more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs (National Institute on Drug Abuse, 2017a), which makes it a serious economic and public health problem.

The prevalent, societal problem has been normalized, rather than addressed as a pandemic as needed. Binder County DWI Court began addressing this problem in 2008 by developing a person-centered program that incorporates mindfulness and motivational techniques. Analyzing this program will provide useful information for treatment centers and policy makers. This study is intended to gain more information concerning the effects of the program and low recidivism rate as well as how treatment courts can duplicate the best practices. As one of the best leaders in all of history said, “When what you’re doing doesn’t work for fifty years, it’s time to try something new” (Obama, 2017, p. 99).

Binder County DWI Court

My study explored the success of Binder County DWI Court Program. This program is a nonpunitive approach in the criminal system for people with a substance use disorder. My favorite description of Binder County DWI Court is found on the cover page of the most up to date participant handbook: “Breaking the cycles of addiction and crime through trauma-informed supervision and improved access to therapy, substance abuse treatment, and recovery support services” (Binder County Courthouse, 2019, p. 1). Similarly, the most up-to-date mission statement is as follows:

The mission of the Binder County DWI Court is to provide a comprehensive, multidisciplinary response to the repeat offender that breaks the cycles of addiction and crime through accountability and improved access to services. This will lead to increased public safety, reduced recidivism, lowered costs and strengthened families in our communities. (Binder County Courthouse, 2019, p. 4)

Binder County DWI Court gives offenders substance abuse treatment options, in lieu of incarceration. As long as a person is participating in the Binder County DWI Court program, they receive a stay of execution, which simply puts a pause on going to jail and/or prison. If the program is completed successfully, the case is closed with the conviction and completion of Binder County DWI Court program on record. Rather than harsh punishment, Binder County DWI Court’s treatment policy follows evidence-based recommendations to provide a nonrestrictive environment that better encourages people to change. The court’s multidisciplinary continuum of support includes substance use treatment, group and peer support, mental health therapy, and mindfulness practices. Specifically, Binder County DWI Court incorporates evidence-based tools such as trauma-informed yoga, somatic experiencing, breath-work, meditation, and relaxation techniques.

History

Many concepts, rules, theories, and evidence-based strategies have developed and grown to be the current policies. One thing that has not changed is the fact that Binder County DWI Court was “developed to achieve total abstinence from alcohol, other drugs, and all criminal activity.” The program has always been designed to promote self-sufficiency to increase the number of productive and responsible members of society (Binder County DWI Court, 2017, p. 16). To thoroughly understand the success of Binder County DWI Court, it is vital to review the historical context of the program.

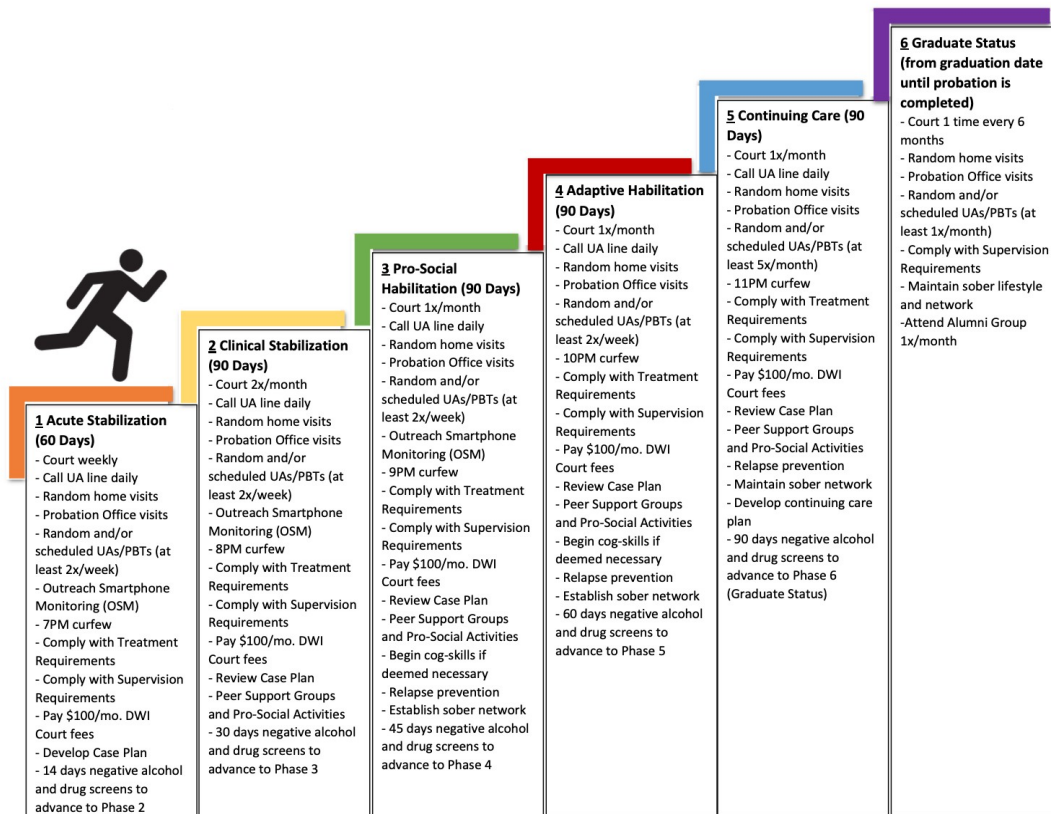
A county near Binder County was the first among the Midwest states to have a treatment court. Inspired by the nearby County program, Binder County launched a drug court in 2002. The initial meeting held to discuss the implementation of the new drug court included both support and concerns about time and financial cost from community members, judges, police officers, treatment providers, et cetera (Ward, n.d.). Retired Judge Lucille Vasquez still stands in support of the decision that was made in 2002 to implement such a program:

I remain convinced that drug courts work. They intervene at a time when addicts are at their lowest and may be most amenable to treatment. Working together, the team can help addicts achieve and maintain remission. Once an addict attains remission, he or she can get a job, become a more responsible member of the community, support his or her family, financially and emotionally, and break the cycle of repeat offenses. The cost of repeated incarcerations far exceeds the costs of treatment. By reducing the number of drug related offenses, drug courts make the community safer. (Ward, n.d.)

Followed by the success of the drug court, Binder County founded the DWI court in 2008.

Current Program

As shown in Figure 1 below, Binder County DWI Court is a six-phase program for adults with repeat DWI offenses who have previously been unable to maintain sobriety. Program participants advance through phases (“phase up”) by meeting the requirements of each phase, such as following treatment and supervision recommendations, staying current on court fees, and testing negative during alcohol and drug screenings. Participants are given individual assessments to tailor the program to their specific needs. Services required may include relapse prevention, self-help meetings such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), and other prosocial activities. The frequency and level of supervision is dictated by phases. For example, phase one requires a minimum of three visits per week with a probation officer, while phase five only requires one visit per month. Other differences in phases include frequency of random home visits, court visits, prosocial activity, probation office visits, scheduled drug screenings, random drug screenings, and curfew. In order to graduate, a participant must successfully complete all phases, have a minimum of six months of documented abstinence, serve a minimum of 14 months in the program, and ultimately earn the approval of the DWI Court Team.

Figure 1

Phases of Binder County DWI Court

Note. From personal communication with B. Pederson on November 19, 2019

Supervision of program participants is key for the success of Binder County DWI Court and is done through many channels such as contact work with probation officers including random field visits during non-business hours, drug and alcohol screening, and even a smartphone application called Outreach Smartphone Monitoring (OSM). Outreach Smartphone Monitoring is a rehabilitative resource with capabilities of a breathalyzer measuring alcohol use, geofencing to monitor participants' location, event calendars to track important dates, customizable reports, safe data, and access to additional resources such as employment, housing, counseling, and crisis support. The program relies heavily on the collaboration of probation officers, treatment providers, legal entities, and community services, allowing a full range of

services to the participant. Ancillary services also include housing assistance, employment training, education, childcare, transportation, and more.

Informant Breanna Pederson, the Treatment Court Coordinator at Binder County DWI Court stated that at least 554 people have gone through the Binder County DWI Court program since its inception in 2008. Additionally, Breanna Pederson provided data on program demographics from 2008 to 2016 show that the participants largely identify as male (81.3%) and White (86.3%). In recent years (2016 to 2019), the program has become more diverse in terms of race/ethnicity with 81.7% of participants identifying as White, 7.6% identifying as Black, 9.7% identifying as Native American. Still, the most recent data shows that the participant population is largely White males.

Rewards and Sanctions

A key component of Binder County DWI Court is the use of rewards for positive behaviors, and sanctions for bad behaviors. The program was created with the hope that every participant would comply with the court and treatment, but the court also recognizes the impediments and obstacles on the road to recovery. Since setbacks in treatment are expected, the team focuses on instituting rewards, or incentives, to reinforce positive behavior and compliance. The rewards and sanctions have changed over the years since its inception. The most commonly used rewards as sanctions currently used can be found in Table 1.

Table 1***Incentives and Sanctions Available for Participants at Binder County DWI Court***

<u>Possible Sanctions</u>	<u>Possible Incentives</u>
Verbal/Written Reprimanding from Judge/Staff	Verbal/Written Compliment from Judge/Staff
Required Verbal/Written Apology to Judge/Staff	All-Star List/Applause (Recognition at court)
Required Journaling	Participation in Fishbowl Drawings
Required Reading	Movie Pass
Required Essays	Bus or Other Transportation Vouchers
Required Volunteer Work	Restaurant Gift Card
Increased Supervision	Retail Gift Card
Increased Fines or Fees	Waive Fines or Fees
Increased Testing	Lunch with Judge/Staff
Restricted Travel	Allowed Travel
Earlier Curfews	Curfew Exception/Early Dismissal from Court
Required Attendance of Event (i.e., Mothers Against Drunk Driving Panel)	Gifts such as books, candy, coffee mugs, keychains, etc.
Short-term Jail Sentence	Medical or Dental Assistance
Restricted Attendance to Group Parties (i.e., Bowling, Mini Golf, BBQ)	Allowed Attendance to Group Parties (i.e., Bowling, Mini Golf, BBQ)
Emergency Room or Detox	Reduction in Sentence
Increased Requirements for Court Attendance	Decreased Requirements for Court Attendance
Demotion to Earlier Phase	Phase Acceleration/Graduation

Eligibility and Rules

If a participant is found eligible, entry into Binder County DWI Court is required and participation is mandatory. Eligibility criteria includes a substance use disorder determined by a chemical assessment, and U.S. citizenship. A potential participant can be disqualified if they are not mentally competent or medically capable of complying with the rules of Binder County DWI Court. Other reasons for ineligibility include being on conditional release from a prior offense and offenses that include a sex or violent offense, domestic assault, and weapon convictions. Binder County DWI Court is designed to provide a highly structured program to interrupt the pattern of drinking and driving and to assist in achieving abstinence from alcohol and other drugs. Failing out of the program or choosing to opt out will result in an executed sentence. The program is strictly abstinence based. A handbook is supplied to each participant, which includes more in-depth information on the following rules and requirements:

1. Be on time for court and treatment sessions, submit to random drug testing, and stay clean, sober, and law abiding in good faith.
2. Do not associate with people or places where drugs are present, or drug use is happening. It is your responsibility to ensure that your environment is supportive of your sobriety. If work or other legitimate activity requires you to enter an establishment that serves alcohol, you must seek the prior approval of the DWI court. Additional monitoring such as urinalysis (UAs) and/or preliminary breath tests (PBTs), site visits, electronic monitoring, etc. may be required.
3. Do not use or have any illegal drugs, alcohol, or paraphernalia. This includes personal space such as a vehicle you operate. Regardless of who the illegal drugs, alcohol, or paraphernalia belongs to, they are not to be in your personal space.

4. Tell your doctors that you are in recovery and may not take narcotic or addictive medications or drugs, unless prescribed by a board-certified addiction specialist who is aware of your addiction history and approved by the DWI drug court team. Misplacing narcotic or addictive medication may be considered misuse.
5. Do not use or possess any weapons unless authorized by the court. You must also disclose the presence of any weapons possessed by others in your household.
6. Advise the DWI drug court team of any changes in your phone number(s). You must receive approval prior to any address changes. You must also inform your probation officer of any changes in employment and work schedule when requested to do so.
7. You must dress appropriately for court and treatment sessions.
8. You must follow all DWI drug court rules and regulations, as well as all directives including treatment plans as developed by the DWI court team or law enforcement.
9. You must pay fees and costs as ordered by the DWI drug court.
10. You and your property may be searched at any time by the DWI officers and/or probation officers.
11. You must fill out an overnight request form any time you want to stay overnight at a place other than your own home.
12. You must be on time to court, with cell phones off, paying your full attention and cooperation to court. You must attend and participate in all ordered treatment, aftercare, cognitive skills training, or other program requirements. (Binder County Courthouse, 2019)

Program Outcomes

The outcomes of this program are particularly noteworthy. The court serves as a national role model that provides training and is continuing to earn multiple awards for its success

(Louwagie, 2017). A 2014 study compared Binder County DWI Court to the national average of other drug and alcohol treatment courts. Binder County DWI Court's average graduation rate was 86%, compared to the national average of 57% (Zil et al., 2014, p. 63). In addition, three years after admission to the program, participants had 66% fewer DWI offenses than traditional court processes (Zil et al., 2014). In addition, the program saved local and state agencies more than \$4,800 per participant during the two years of enrollment (Zil et al., 2014). In the past year (10/2/18 to 9/30/19) the average graduation rate of Binder County DWI, was 94.1% (Zil et al., 2014). Additionally, active participants of the program maintained an average sobriety rate of 94.7% and graduate participants maintained an average sobriety rate of 98.5% (Zil et al., 2014).

Program Costs

Binder County DWI Court works collaboratively within The Midwest's State's Judicial District, and functions to reduce risky driving behavior in adults, thus making roads and transportation safer, and improving public safety. Funding comes from a variety of financial support including a grant from the federal National Highway Traffic Safety Administration (NHTSA) (Weidner, 2011). Informant Breanna Pederson provided information on program costs. Binder County DWI Court's budget for fiscal year 2020 was \$342,931. The daily cost of case management of Binder County DWI Court is approximately \$5 per participant. According to the document *Process, Outcome, and Cost Evaluation*, on average, each Binder County DWI Court participant costs \$9,431 per year (Zil et al., 2014) while the average treatment court investment cost is \$14,372 (Carey et al., 2012 as cited in Zil et al., 2014). Overall, the Binder County DWI Court saved the criminal justice system an average of \$2,407 per participant per year. The return on investment (ROI) for Binder County DWI Court is calculated to be 128% after 5 years. This means that after five years, for every \$1 the taxpayer invests in the program, there is a return of \$1.28. This ratio increases over time and after 10 years is \$2.55 for every \$1.

As the data indicates, Binder County DWI Court is beneficial to participants, participants' family, the county, and the taxpayers of the state.

Statement of the Problem

My study explored the success of Binder County DWI Court Program by analyzing the system and identifying what makes its recidivism rate drastically different than the average in the Midwest and the country. Substance misuse is so prevalent that it is considered a threat to public health. As the Alcohol and Drug Abuse Division (2017) stated, "it is necessary to transform our state's substance use disorder treatment system from an acute, episodic model of treatment to a chronic disease, longitudinal model-of-care" (p. 7). In response, Binder County developed a person-centered program by implementing mindfulness, using motivational techniques, and improving treatment options. The Mission statement of the DWI Court is:

to provide a comprehensive, multidisciplinary response to the repeat DWI offender that breaks the cycles of addiction and crime through strong accountability and improved access to services. This will lead to increased public safety, reduced recidivism, lowered cost and strengthened families in our communities. (Binder County, 2017, p. 2)

My interest in this topic emerged from seeing the prominent effects of substance abuse on society, including my own family, friends, and colleagues. In addition, my recent studies have led to an interest and passion for prison reform. Through my doctoral program in leadership, I learned of the systemic issues regarding prisons in America, which led me to volunteer in the educational department at the local county correctional facilities. Seeing an overwhelmingly large population suffer from mental health or substance abuse inspired me to advocate for change. After preliminary research and my experience volunteering, I realized that discussing the failure of the American prison system is impossible without analyzing the issue of addiction

that runs rampant throughout. Substance misuse has subjugated the facility to the power of addiction, and the facilities consistently lack adequate treatment programs. This is how I recognized my opportunity to help an endless number of people by studying the success of Binder County DWI Court. Senator Jenson agrees that the process of change is, “complex for policy makers.” He says, “it is easier to put people in silos than to really come alongside them and try to understand their given situation. And so, one of the most comfortable silos is to sort of morally disclaim that, ‘he made his own bed he's got to lie in it’ kind of thing. And I think that, being a family doc and seeing good people, just wonderful people, having substance use disorders... I remember thinking, we can't let this person's skills and gifts go to waste just because we want to throw them under the bus. And so, I think that background that I have as a family doc sort of prepared me to maybe play a role down here (in policy).”

Problem Statement, Purpose, and Significance

Addiction is plaguing American families, regardless of race, gender, age, sex, or class. According to the National Survey on Drug Use and Health (NSDUH), 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017 (Substance Abuse and Mental Health Services Administration, 2017). As an issue of personal health, this is an individual problem, but it also affects the general population, making it a public health concern. Drug abuse and addiction costs American society more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs (National Institute on Drug Abuse, 2017b). The monetary costs are not the worst of it. Drug abuse also contributes to a horrifying number of deaths by overdose. According to Katz (2019), “Drug overdose mortality in America is an alarming 27 times higher than in Italy and Japan, which have the lowest rates of the countries analyzed.” Substance misuse has been normalized, rather than urgently addressed as needed. I intended to explore Binder County successful treatment-based intensive supervision

program. Through the study, I hoped to provide information that influences the decisions made by individuals, loved ones, treatment centers, and policy makers. Overall, I hoped to contribute to a more effective treatment system, that in turn, helps people live healthier lives.

Research Questions

Binder County DWI Court Program has a much lower recidivism rate than the national average. This study intended to gain more information concerning the effects of the program and low recidivism rate, as well as how best practices can be duplicated. The main research question was: (1) What strategies has Binder County used to reduce Driving While Intoxicated (DWI) recidivism? In addition, my research will discuss the following: (2) If we were to duplicate this program, what aspects are most important to include? (3) What aspects of the program may be most difficult to duplicate?

Overview of Chapters

Several pilot studies and a thorough review of current literature made it clear that programs for addiction in the Midwest are insufficient and often more punitive than helpful. This dissertation begins with a historical account of substance abuse and is followed by a critical review of the literature in chapter two. The literature review will outline and summarize the three themes identified: (1) The need for change to policy and programs related to substance abuse; (2) The criminalization of drug use; and (3) Inadequate current treatment offerings. Chapter two includes an analysis of the literature from both theoretical perspectives of path dependency and motivation theory. In Chapter three, the methodology will be discussed, including data collection, limitations, and information on how the data was analyzed. Chapter four includes three main findings of the research on Binder County DWI Court, in an attempt to isolate what makes this program so effective. Chapter five includes a theoretical analysis of two

of Binder County DWI Court’s practices, while chapter six discusses three main implications of the study, and recommendations.

Definition of Terms

The following terms and definitions have been adopted for this study:

Abstinence: “intentional and consistent restraint” (National Judicial Opioid Task Force, 2019a) from all psychoactive substances.

Addiction: “a chronic relapsing brain condition characterized by the inability to stop using a drug despite damaging consequences to a person’s life and health” (National Institute on Drug Abuse, 2017a). People with addiction often struggle to meet the demands of work, school, and home life due to continued use of their substance of choice.

Adverse Childhood Experiences (ACES): negative childhood experiences that “have a tremendous impact on violence, victimization and perpetration, and lifelong health and opportunity” (National Judicial Opioid Task Force, 2019a).

Buprenorphine: “a medication-assisted treatment...” for opioid use disorder that is “effective in retaining patients in treatment and reducing illicit opioid use” (National Judicial Opioid Task Force, 2019a)

Cannabinoids (CBD): “the chemicals in marijuana” (National Institute on Drug Abuse, 2018c). These may or may not have an intoxicating effect. Examples of cannabinoids include cannabidiol and THC which will be defined below.

Cannabidiol: a cannabinoid, or chemical in marijuana, that reduces pain and inflammation, controls epileptic seizures, and can possibly treat mental illness and addiction (National Institute on Drug Abuse, 2018c).

Craving: “a state of desire to use substances or engage in addictive behaviors, experiences as a physical or emotional need for reward and/or relief” (National Judicial Opioid Task Force,

2019a).

Dependence: “occurs with repeated use” (National Institute on Drug Abuse, 2018f) when a person cannot function normally when they are sober and has physiological reactions to the absence of a drug.

Dopamine: a neurotransmitter in the brain involved in addiction. Dopamine is a part of the reward system and “contributes to feelings of pleasures and satisfaction” (National Institute on Drug Abuse, 2018f).

Drug court: a type of treatment court for drug and/or DWI/DUI offenders with a substance use disorder. Some counties have drug and DWI/DUI courts separate, while others do both drug and alcohol related offenses in the same court.

DUI court: a type of treatment court for DUI (driving under the influence) offenders who meet the criteria for a substance use disorder. The terminology used to describe a drinking and driving offense (DUI or DWI) depends on the state you are in.

DWI court: a type of treatment court for DWI (driving while intoxicated) offenders who meet the criteria for a substance use disorder. The terminology used to describe a drinking and driving offense (DUI or DWI) depends on the state you are in.

Fentanyl: a synthetic opioid that is “30-50 times more potent than heroin and 50-100 times more potent than morphine” (National Institute on Drug Abuse, 2018f).

Harm reduction: “a treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the health and socio-economic costs and consequences of addiction-related problems, especially medical complications and transmission of infectious disease, without necessarily requiring abstinence” (National Institute on Drug Abuse, 2018f).

Illicit: “the use of illegal drugs, including marijuana according to federal law, and misuse of prescription medications” (National Institute on Drug Abuse, 2019e).

Informant: an individual that provided the researcher with specific information for this study.

Inpatient treatment: treatment for addiction that requires overnight stays, typically in a hospital setting (National Institute on Drug Abuse, 2018f).

Integrated care: “integrating primary medical care with behavioral health (mental health and substance abuse) care to address co-occurring problems (National Institute on Drug Abuse, 2018f).

Intensive outpatient treatment: nine to nineteen hours of treatment services per week while individuals live in their home environment (Chuang et al., 2009, p. 17).

Internalizing disorder: disorders such as depression and anxiety that often co-occur with substance use disorders (Fergusson et al., 2010, p. 933).

Medical marijuana: “using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions” (National Institute on Drug Abuse, 2018c).

Medication assisted treatment: a harm-reduction approach that utilizes medicine to decrease the negative effects of withdrawal or cravings. Such medications include methadone, buprenorphine, and naltrexone (National Judicial Opioid Task Force, 2019a).

Methadone: “medication that alleviates pain associated with opioid withdrawal and blocks the effects of opioids” (National Institute on Drug Abuse, 2018f). It has been found effective in reducing illicit opioid use and retaining individuals in treatment.

Mindfulness: a therapeutic technique of bringing awareness to one’s thoughts and the present moment, often through breathing techniques.

Misuse: taking medicine that was not prescribed to you or taking medicine in ways other than how it was prescribed (National Institute on Drug Abuse, 2018e).

Naloxone: an overdose reversal medication that “reverses the toxic effects of an overdose and helps an overdose victim resume breathing” (National Institute on Drug Abuse, 2018f).

Naltrexone: “a medication that blocks the euphoria and sedation caused by opioids and reduces opioid cravings” (National Institute on Drug Abuse, 2018f). The use of Naltrexone has been linked to a reduction in return to opioid use, increased treatment retention, and decreased cravings.

Outpatient treatment: less than nine hours of treatment services per week while individuals live in their home environment (Chuang et al., 2009, p. 17).

Overdose: life-threatening reaction or death caused by an excessive amount of a drug (National Institute on Drug Abuse, 2017a).

Partial hospitalization program: twenty or more hours of treatment services per week while individuals live in their home environment (Chuang et al., 2009, p. 17).

Partial recovery: “a reduction in the frequency, duration, and intensity of use along with a diminution of the problems associated with continued alcohol and drug use” (National Institute on Drug Abuse, 2018f).

Problematic use: deliberate, illegal, unnecessary, and unsafe substance use (Eaton, et al., 2015, p. 22). Unmonitored problematic use can lead to dependency.

Program participant: individuals who have, or are currently, participating in Binder County DWI Court.

Recidivism: a primary metric of success in treatment programs. Recidivism measures typically include re-arrest (not necessarily convicted), reconviction, and reincarceration of new offenses (Duwe, 2010, p. 72).

Recovery: a holistic process that “aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual’s consistent pursuit

of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships, and dealing more effectively with emotional responses" (National Institute on Drug Abuse, 2018f).

Reentry: "the transition of an offender from [state or federal] prison into the community" (National Institute on Drug Abuse, 2018f). Reentry does not include "those released from local jails" (National Institute on Drug Abuse, 2018f).

Residential treatment: treatment provided in a "24-hour live-in setting" away from their home environment (Chuang et al., 2009, p. 17) with addiction specialists available. Often more comfortable than "inpatient treatment" which is often in a hospitalized setting.

Response bias: informants of the study will answer questions according to how they believe the researcher or society wants them to. Researchers do their best to eliminate response bias, but it inevitably occurs to some degree.

Relapse: the return to drug use after a period of sobriety. Professionals in the field consider this to be a regular part of gaining sobriety (National Institute on Drug Abuse, 2019e).

Substance misuse: see problematic use.

Substance use disorder: a mental health diagnosis that changes your brain and causes health problems. It may also cause a lack of responsibility. "Ranges from mild to severe and from temporary to chronic" (National Institute on Drug Abuse, 2018f).

Telehealth: the use of technology to deliver health care virtually from a remote area. "Telehealth" is used interchangeably with "telemedicine". (National Institute on Drug Abuse, 2018f).

Therapies: treatment that can be delivered in many forms, intended to treat a specific condition or disease. Some examples include group therapy, individual therapy, psychoeducation, cognitive behavioral therapy, and family therapy.

Tetrahydrocannabinol (THC): intoxicating cannabinoid, or chemical in marijuana, known to increase appetite and reduce nausea. It may also reduce pain and inflammation, and problems with muscle control (National Institute on Drug Abuse, 2018c).

Tolerance: develops with repeated drug use and causes a need for, “higher and/or more frequent doses of the drug to get the desired effects” (National Institute on Drug Abuse, 2018f).

Treatment: “the use of any planned, intentional intervention... designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability (National Institute on Drug Abuse, 2018f).

Treatment courts: a collaborative approach to reduce recidivism and treat substance use and mental health disorders simultaneously. This team approach includes, “judges, prosecutors, defense counsel, probation authorities, coordinators, treatment providers, law enforcement, evaluators, and other ancillary service providers” (Judicial Branch, n.d.b).

Wellness courts: specific treatment courts designed to meet the unique needs of tribal communities.

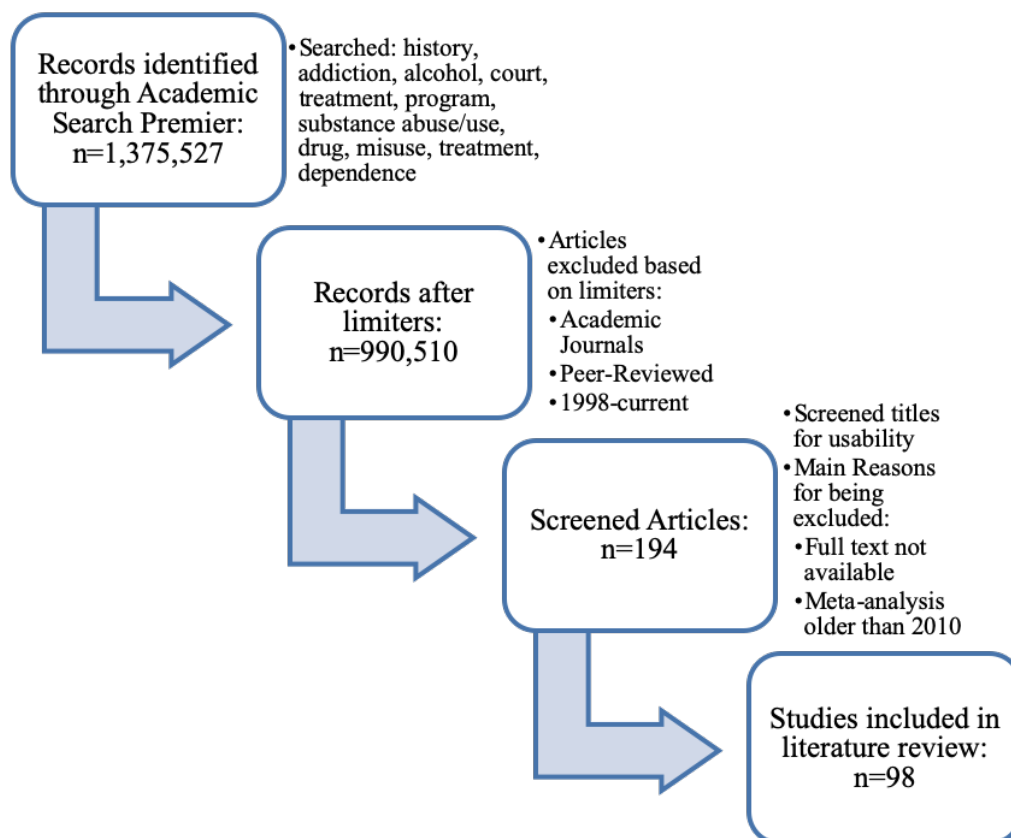
CHAPTER TWO: LITERATURE REVIEW

This research provides information to treatment centers and policymakers to influence decisions for a more effective system. The purpose of this literature review is to better understand current findings, themes, and perspectives of experts in the addiction field.

I began my exploration of scholarly literature by searching the terms *substance, drug, addiction, history, treatment*, and *Midwest* in the Academic Search Premier database. I borrowed relevant keywords from the initial 13 articles and expanded my search to include the terms *addiction, abuse, alcohol, misuse*, and *treatment*. I narrowed the results to 55 articles based on publication year (timeliness) and title (relevance and usability). I located 19 more articles focused on *addiction* and *theory*. Finally, I searched for meta-analyses and systematic reviews

and found four more articles to use. I requested the studies that were not accessible to me through St. Thomas' interlibrary loan, Illiad. The limiters required the articles to be academic journals that were peer-reviewed and published between 1988 and 2020. Figure 2 shows the process of selecting 98 scholarly articles for this literature review.

In addition to the 98 scholarly articles, I read ten of the most popular books in the field of addiction including, *Beyond Addiction* (2014), *Proof: Science of Booze* (2014), and *An Anatomy of Addiction* (2011). Before beginning the process of searching databases, I reviewed at least 300 hours of general information using various media sources, such as podcasts, television shows, movies, documentaries, and museum exhibits. This gave me a sense of the “practitioner and popular” literature, as well as scholarly literature. The popular opinion among these sources is the need for a less punitive system and more holistic, evidence-based programs to improve behavior.

Figure 2***Process of Selection of Studies***

The following literature review only includes peer-reviewed, scholarly articles from academic journals. The review begins with a historical background of substance abuse in the United States of America, and then discusses the most important findings from the literature. These findings are organized into three themes: (1) The need for change to policy and programs related to substance abuse; (2) The criminalization of drug use; and (3) Inadequate current treatment offerings. After providing a brief historical context on drug use in the United States and describing the three themes in more detail, I provide a summary including strengths, weaknesses, and gaps in the literature. The literature review concludes with an analysis of the literature from the theoretical perspectives of path dependency and motivation theory.

Background and History of Substance Abuse in America

It is vital to understand how an issue developed to its present state. “In one very real sense, present-day hermeneutical dilemmas are understood only as we gain clarity concerning that which has gone before” (Engstrom, 1995, p. 4). Drug abuse in America dates back more than 150 years (Kandall & Chavkin, 1992). In the *American Journal of Public Health*, Herzberg and colleagues (2016) argued that concerns about drug use and dependency must be understood in a historical context... and it is essential for us to remember that many aspects of dependency “are rooted in society, culture, and politics” (p. 409). Historical accounts can create misunderstandings but can also be helpful in creating drug policy (Berridge, 2015). Berridge (2015) claimed that, “the historical field for ‘the substances’ has expanded enormously” (p. 24). In the following section, I will review the history of the United States’ efforts to prevent, control, and treat substance abuse.

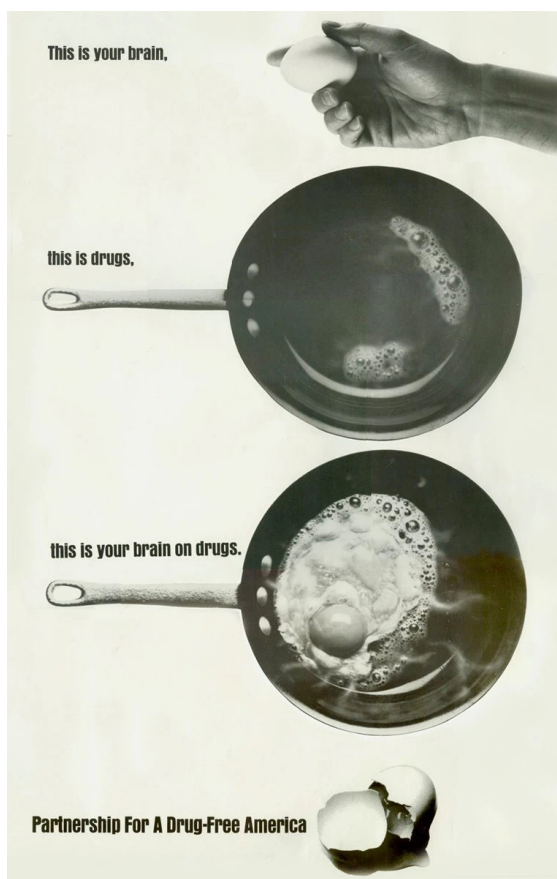
Historical Background of Prevention

According to Esrick et al. (2019), “[scare tactics and fear based] messages first rose to prominence in the 1960s and remained a staple of prevention programming for decades” (p. 209). These scare tactics are, “designed to create anxiety” that result in change. In 1936, a film originally titled, *Tell Your Children*, but then released as *Reefer Madness*, was released across America as propaganda meant to scare youth away from consuming marijuana. The film features an overdramatized depiction of the use of marijuana driving innocent teenagers to drug infused madness. This would be one of the earlier fear tactics used to fight substance use. Another famous example of this is the 1987 ‘This is Your Brain on Drugs’ campaign. A campaign by Partnership for a Drug-Free America (PDFA) released a commercial that showed an egg being fried on a stove, and had a well-known celebrity say, “this is your brain on drugs” (see figure 3).

These fear appeals are often exaggerated messages that encourage complete abstinence from *all* alcohol and other drugs (Esrick et al., 2019).

Figure 3

This is Your Brain on Drugs Campaign



Note. From White, M. C. (2016). *'This is your brain on drugs,' tweaked for today's parents.*

At one point, this method of prevention was deemed ineffective and even harmful, but studies done by Esrick et al. (2019) found that recent research does not support this finding. Prevention efforts previously evaluated “direct changes in substance use,” instead of, “evaluating participants’ intentions, emotions, and perceptions” regarding drug use (p. 216). Of the 17 studies reviewed by Esrick et al. (2019), 13 of them found scare tactics to be effective “in some form” (p. 215). According to the study, the following factors contribute to an effective scare tactic: accurate information, no direct command to the audience, encouraging harm-reduction

versus abstinence, avoiding demoralizing, and providing a focus on a single drug rather than all drugs. Esrick et al. (2019) also made note of the importance of knowing your audience—“local needs should drive local strategies” (p. 216).

Historical Background of Control

The first federal attempt to control drug use was the Harrison Act of 1914 (Kandall & Chavkin, 1992, p. 620). This act criminalized opioid use and “imposed strict controls on physicians using narcotics to treat patients” (Kandall & Chavkin, 1992, p. 621). The prohibition of alcohol followed in 1919 making treatment “politically unpopular” (Kandall & Chavkin, 1992, p. 622). The debate between those who favor treatment and those who favor punishment is enduring. One reason for this debate is the language used to discuss substance use. Addiction has been defined as a moral problem, an all-or-none condition, and a disease. In 1972, the United States developed a plan to create some international consensus on the subject. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) was created to offer financial and technical support to the World Health Organization (WHO), to publish a report that would “[increase] international understanding of... criteria for identifying and classifying disabilities related to alcohol consumption”. This report, published in 1977, was meant to “serve practical administrative purposes, as well as clinical and scientific ends” (Edwards, 2007, p. 1713).

Prior to 1970, “numerous policies and laws were simply designed and redesigned to prohibit and suppress particular types of drug manufacturing, sales, and consumption” (Yasmatani et al., 2017, p. 290). In 1970, the Comprehensive Drug Abuse Prevention and Control Act was the first in history to concern the “well-being of people who used drugs” by supplying funding for drug treatment and prevention (Yasmatani et al., 2017, p. 290). Although the Comprehensive Drug Abuse Prevention and Control Act of 1970 addressed the need for treatment, there were still limited resources. Historically, insurance benefits for medical and

surgical needs are larger than insurance benefits for mental health and substance abuse.

According to Barry and colleagues (2010), “coverage for behavioral health care often required a higher level of cost-sharing... and special service limits” (p. 405). Attempting to eliminate this disparity, legislature passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity (MHPAE) Act in 2008, thereby generating greater coverage (Barry et al., 2018). The stigma associated with mental health and addiction is an ongoing obstacle to improve services for individuals with these conditions. Importantly, supporting members of Congress made this act possible by coming forward and recalling personal accounts of hardship due to mental health and addiction. According to Barry et al. (2018), stories of “personal and family members’ experiences with mental illness and substance use disorders among members of Congress were critical” in passing the Mental Health Parity and Addiction Equity Act (p. 415).

Historical Background of Treatment

Treatment for substance use disorders was established prior to any federal legislation on drugs in the United States. President Taft made a statement in 1910 regarding national concern of cocaine and “threatening drug habits” (Kandall & Chavkin, 1992, p. 620). As a response, states began to institute drug treatment programs, and in 1912, the first narcotic maintenance clinic was established (Kandall & Chavkin, 1992). After passing the first legislation on drug use in 1914, many of the treatment centers shut down due to the opposition of medication-assisted treatment (Kandall & Chavkin, 1992). By 1920, the United States had adopted a more punitive approach and for many years “no state treatment programs remained” (Kandall & Chavkin, 1992, p. 621).

In the 1950s, the American Medical Association urged for comprehensive medical and social treatment after noting that the current system with harsh penalties was not curing addiction (Kandall & Chavkin, 1992). The United States coined the “world-wide abstinence approach to

drug treatment” and referred to it as the Minnesota Model in the 1950s (Drucker & Clear, 1999, p. 105). The Minnesota Model is “based upon the principles of Alcoholics Anonymous”, where addiction is viewed as a disease (Cook, 1988, p. 625). The model typically includes group therapy, psychoeducation, lectures, and counseling. This approach is still dominant in treatment today as it is used by leading treatment centers such as Hazelden Betty Ford Foundation (Cook, 1988, p. 62).

America was also a “pioneer in establishing methadone treatment” (Drucker & Clear, 1999, p. 105). Medication-assisted treatment, like methadone treatment, is a harm-reduction approach, differing from the Minnesota Model’s abstinence approach. According to Drucker and Clear (1999), methadone treatment spread rapidly in the 1960s with more than “75,000 patients in treatment by 1975 [and] 115,000 by 1998” (p. 105). Eventually methadone clinics were shut down, but more recently, this type of treatment has resurfaced, and abstinence-based programs are incorporating some form of monitored medication assisted treatment.

In 1972, the White House started Treatment Alternatives to Street Crime (TASC), now known as Treatment Alternatives for Safe Communities. The goal was to offer treatment “in lieu or in combination with punishment,” reduce recidivism, and increase treatment retention (Substance Abuse and Mental Health Services Administration, 2015a, p. 60). This model was adapted to create drug courts in the 1980s (Substance Abuse and Mental Health Services Administration, 2015a).

History of Drug Crisis

It is important to understand the current climate in a historical context, so this section will provide a select few of many historical milestones pertaining to the drug crisis. The 18th and 21st amendments were passed in 1919 and 1933, respectively. While the Volstead Act of 1919 enforced the prohibition of alcohol on a federal level, and the 21st amendment repealed that, it is

interesting to note that the federal level allowed the existence of “dry states” until 1966. Before any of that occurred, The Opium Exclusion Act of 1909 was the United States’ first prohibition, making non-medicinal opioids illicit. Additional historical events include California banning marijuana in 1915, and then many additional actions to increase both awareness and penalties.

The 1950s would bring more punitive-based treatments, including mandatory sentencing for drug offenses with the Boggs Act of 1951. Another aggressive technique established in the 50s was the abstinence model. According to White and Miller (2007):

Treatment for substance use disorders in the United States took a peculiar turn in the mid 20th century. There arose a widespread belief that addiction treatment required the use of fairly aggressive confrontational strategies to break down pernicious defense mechanisms that were presumed to accompany substance use disorders. Although this approach was emulated to some extent in certain treatment centers outside the United States, such reliance on confrontation was predominantly an American phenomenon (p. 2).

As treatment approaches turned away from this confrontational approach in the 70s, President Nixon established the Drug Enforcement Agency (DEA) to intensify the War on Drugs. Soon after, the DARE program was introduced in 1983 to educate young people of the risks of drug use. Though treatment was beginning to be less punitive and more motivation-based, the War on Drugs framed drug use as a moral failing (Crabtree & Masuda, 2019), reinforcing the stigmatizing response to substance use.

A more recent milestone related to the drug crisis is the Surgeon General’s first report on alcohol, drugs, and health in 2016. The preface states that the United States needs a cultural shift in the conceptualization of addiction:

For far too long, too many in our country have viewed addiction as a moral failing. This unfortunate stigma has created an added burden of shame that has made people with

substance use disorders less likely to come forward and seek help. It has also made it more challenging to marshal the necessary investments in prevention and treatment. We must help everyone see that addiction is not a character flaw– it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer. (U.S. Department of Health and Human Services, 2016a, p. v)

There were many important findings but the two most significant for this report are as follows: First, “the criminal justice system is engaged in efforts to place non-violent drug offenders in treatment instead of jail, to improve the delivery of evidence-based treatment for incarcerated persons, and to coordinate care in the community when inmates are released” (U.S. Department of Health and Human Services, 2016a, p. 4). Secondly, recent scientific findings show how the brain is affected by substance use and, “understanding this transformation in the brain is critical to understanding why addiction is a health condition, not a moral failing or character flaw” (U.S. Department of Health and Human Services, 2016a, p. 4).

Recommendations for Change are Industry-Wide

The first response to the influx of drug crimes was punitive-based and overflowed the judicial system, including jails and prisons. As time passed, experts have found evidence-based recommendations for the success of treatment courts. For example, best practices recommended by The National Judicial Opioid Task Force are printed as 5 guiding principles for State Courts:

1. A Comprehensive Approach. The justice system should lead the way in delivering solutions ... at every intersection point of the justice system.
2. A Multi-Disciplinary Approach. Judges should maximize their roles as conveners by bringing together government agency and community stakeholders.

3. Individualized Treatment and Services. Court should ensure that treatment services target the individual's needs.
4. Protecting Children and Supporting Families. Interventions should incorporate a continuum of treatment strategies, recovery support services and expeditious placement of children in a safe, stable environment.
5. Measuring Success. The courts should use data-driven decision-making approaches and establish robust data collection and quality assurance to use data for objective assessment (National Judicial Opioid Task Force, 2019b, p. 12).

Stigma

The traditional punitive response to drug offenses greatly increased the stigma of addiction. The experts have identified the need for changing the stigma behind substance use disorders:

An important priority for the state is to address the stigma of [substance use disorders] and its harmful impact on individuals in need of services and support. Stigma creates a barrier for people seeking treatment, can influence funding priorities, and often results in prosecution and incarceration (when prevention and treatment may be a more appropriate and effective response) (Alcohol and Drug Abuse Division, 2017, p. 30).

One way to reduce the stigma is to view substance use disorders through a medical model. The individuals are not solely criminals; they have a disease and should be comprehensively treated accordingly.

Surgeon General Reports

In 1964, the first Surgeon General's Report, *Smoking and Health*, was released and is said to be "possibly the single most important publication in the history of public health"

(Volkow, 2016). The findings in the report informed the public about dangers of smoking including lung cancer risk and other adverse health outcomes. According to Volkow (2016), “smoking rates have been reduced by more than half since then; by one estimate, 795,000 deaths were prevented between 1965 and 2000 as a result of tobacco control programs inspired by that first Surgeon General’s Report.”

We are currently facing an opioid epidemic. According to Farmer (2019), “The opioid crisis has so far been the most devastating public health crisis of the 21st century. In 2017 alone, more Americans died of drug overdoses than in the entire Vietnam War”. In response to the addiction and opioid epidemic, the first ever Surgeon General’s Report on Alcohol, Drugs, and Health was released in 2016, titled, *Facing Addiction*. The Surgeon General wrote about the need for a cultural shift from viewing addiction as a “moral failing” to needing more investment in scientific evidence for “prevention, treatment and recovery” (U.S. Department of Health and Human Services, 2016a, p. 5). Recommendations and defining actions of the report include a combination of medication, counseling, and social support. The website, surgeongeneral.com, offers access to supplementary materials including the following portable document formats (PDFs): (a) report highlights; (b) resource guide; (c) finding and recommendation fact sheets for different audiences (individuals and families, health care professionals, communities, and governments); (d) a comprehensive toolkit to promote the Surgeon General’s report.

Center for Motivation and Change

The Center for Motivation and Change bases their programs on evidence-based research such as motivational interviewing, and dialectical behavior therapy and cognitive behavioral therapy. The co-founder, Jeffrey Foote, wrote the New York Times best-selling book, *Beyond Addiction*. This book explains that evidence-based changes are needed for better substance

abuse treatment. As a top researcher and leader in treatment programs, the Center for Motivation and Change encourages science-based improvements over the past punitive-based treatment. The center offers a compassionate approach for encouraging change and created a model for change that is accessible to both lay-people and professionals. The model is titled “The Invitation to Change Approach: Science and Kindness”, and ultimately promotes change through motivational theory. One important component of the model is Community Reinforcement and Family Training (CRAFT) which will be discussed in more detail at the end of this chapter. In short, Community Reinforcement and Family Training offers behavioral tools for communities (including families and loved ones) to encourage change in those who abuse alcohol and other drugs through respect, non-confrontational communication, and positive reinforcement (Foote et al., 2014). Enabling, or taking action to prevent natural consequences, is not recommended, nor is reinforcing a negative behavior or punishment (Foote et al., 2014).

Community Reinforcement and Family Training does, however, recommend transparency when trying to reduce negative behavior through providing positive reinforcement for good behavior and allowing natural consequences. Clearly communicating the consequence for a behavior ahead of time can increase motivation and promote mindful responding (Foote, 2014, p. 350). In addition to clear communication of consequences, positive reinforcement should be consistent, meaningful to the person receiving the reinforcement, and as close to the time of the behavior as possible. Natural consequences, on the other hand, are the direct outcomes of substance use that is the result without anyone else interfering or imposing. For example, a person’s anxiety and guilt is a natural consequence that should not be reduced by others, as this would be a form of blocking or diminishing natural consequences, and in turn, enabling. Missing work or life events, relationship conflicts, and/or legal issues are other common natural consequences for substance use, which can motivate change.

According to the National Association of Drug Court Professionals (NADCP), nearly 8 million American adults suffer from co-occurring substance use and mental disorders (National Association of Drug Court Professionals, 2019). It is understood that most people who abuse alcohol and other drugs also have co-occurring concerns. “Among clients in treatment, 53% were diagnosed with a co-occurring substance abuse and mental disorder (Substance Abuse and Mental Health Services Administration, 2018, p. 3). There are many different combinations of drugs and alcohol that can be used, along with other mental disorders such as Post-Traumatic Stress Syndrome, anxiety, and/or depression. As the Surgeon General Report, *Facing Addiction in America*, states:

Substance use disorders are strongly intertwined with other medical conditions, making an integrated approach to care essential. Challenges to such integration include insufficient training of healthcare professionals on how to identify and treat substance use disorders, and underdeveloped infrastructure, and some ingrained attitudes. For example, methadone and buprenorphine treatment remain surrounded by misconceptions and prejudices that have hindered their delivery. Similar attitudinal barriers hinder the adoption of harm reduction strategies like needle/syringe exchange programs, which evidence shows can reduce the spread of infectious diseases among individuals who inject drugs (U.S. Department of Health and Human Services, 2016a, p. 12).

History of Treatment Courts

It is a common belief that treatment is only effective when it is voluntary, but recent scientific findings suggest otherwise (Brown, 2010). Treatment courts are a “well-established and highly effective intervention for diverting drug involved offenders away from the criminal justice system” (Fendrich & LeBel, 2019, p. 178). There are more than 3,000 treatment court programs throughout the United States (Fendrich & LeBel, 2019). According to Jun and

Fairbairn (2018), nearly half of incarcerated individuals are there because of drug-related charges. Treatment courts aim to keep nonviolent drug offenders out of the often-overcrowded jails and prisons by offering a broader scope of substance abuse care. These courts differ from the typical defense versus prosecutor setup, and instead are holistic and rehabilitative, aiming to reduce negative effects of substance abuse. Treatment courts are non-adversarial, and treatment based. Treatment courts make behavioral change possible by providing a team that includes local police officers, community members, probation officers, treatment providers, legal supervision, and others to offer needed support services. Further discussion about what creates successful treatment courts will be discussed after a summary of history and discussion of costs and benefits. Treatment courts are also known as drug treatment courts, drug courts, DUI courts, DWI courts, and will most likely have more names in the future. However, the premise of these courts is the same. Instead of using prison and jails to punish people who abuse alcohol and other drugs, treatment courts aim to treat the disorder with appropriate support services including job assistance and training, housing, financial stability, and treatment.

In response to the “Draconian Rockefeller Drug Laws” (Lurigio, 2008, p. 2), the first drug court was founded in New York City in 1974. The overcrowding of prisons and jails continued while arrests for drug offenses more than doubled from 1980 to 2000 (Lurigio, 2008). The number of treatment courts has grown rapidly since their inception, as “greater numbers of criminal court judges and observers [came] to see traditional jurisprudence as merely a revolving door for drug-using offenders” (Longshore et al., 2001, p. 7). In their earliest stages, treatment courts attracted considerable attention, owing to the enthusiastic endorsements of national leaders such as United States Attorney General Janet Reno, President Bill Clinton, and the Director of the Office of National Drug Control Policy (ONDCP) General Barry McCaffrey, who stated, “The establishment of drug courts, coupled with [their] judicial leadership, constitutes one of the

most monumental changes in social justice in this country since World War II” (Drug Strategies, 1999, p. 5).

In 1997, there were more than 370 drug courts in process in the United States. The White House (2004) stated that treatment courts are “one of the most promising trends in the criminal justice system” (as cited by Lurigio, 2008, p. 5). As noted by Marlow and Festinger (2000), “clearly something is happening [in treatment courts], and there is room for optimism” (as cited by Lurigio, 2008, p. 6).

Cost and Benefits

Nationally, the average cost of drug court per participant is \$7,119 (Minnesota Judicial Branch, 2011). Treatment courts return an average of \$2.21 to the justice system for everyone dollar invested, and up to \$12 in community impacts. In a three-year study, the New York state court system estimated that \$254 million in incarceration costs were saved by diverting 18,000 drug offenders into court. A cost study done by Zil and colleagues (2014) found that for every \$1 spent on treatment courts, \$10 was saved due to decreased recidivism, lower health care costs, and increased employment.

Other benefits of treatment court include alcohol-free babies born, less health care expenses, court participants being legally employed and paying taxes, increased feelings of self-worth, and lower rates of recidivism. Nationwide, drug courts reduce crime by up to 45%. Additionally, drug courts reduce drug use— a high criminal risk factor— by more than 35% (Minnesota Judicial Branch, 2011). According to the Minnesota Judicial Branch (2011), “Drug Courts work better for the non-violent addicted offender than jail or prison, better than probation, and better than treatment alone”

Theme One: The Need for Change to Policy and Programs Related to Substance Abuse

Through technology and scientific findings, information and perceptions about substance use are changing rapidly. One main finding of the literature review aligns with popular thought among the field: scientists are gaining knowledge that should change how substance use is perceived, talked about, and treated. These new scientific findings require a change in policy. The literature review also found a change in language may lead to a change in policy and perceptions. Lastly, the accessibility of treatment and treatment programs need updating, which will be addressed in later themes. Professionals in the addiction field agree that we must move away from the punitive nature of substance abuse treatment, and instead, move toward a more comprehensive approach to changing behavior. Rather than the system's default being criminalization, we can use a more holistic approach to decrease negative effects of alcohol and other drug use.

Recent Findings

The literature reveals that recent scientific findings have drastically changed what we know about substance use and mental illness. As a result, policies and programs need to change accordingly. Below are eight examples of important findings that should change how we treat, talk, and think about substance use—all discovered since 2010.

Opioid Epidemic

America is facing an opioid epidemic. In 2017, more people died of an opioid overdose than fatal car crashes (Romberg et al., 2019, p. 361). In one year, from 2015 to 2016, the number of overdose deaths caused by opioids increased by 27.7% (Romberg et al., 2019, p. 361). Overdose by opioids is most common in adults aged 45 to 54, but “18-to-34-year-olds have the highest rates of chronic misuse...” (Romberg et al., p. 361).

Effective Prevention

Research from the Office of the Surgeon General and the National Institute on Drug Abuse agree that the first 8 years of a child's life is the most critical time for implementing prevention programs (Hautala et al., 2019; Ladis et al., 2018). There are several types of prevention programs to accommodate all needs (specific target-behaviors, group therapy versus individual therapy, family-based, child-based, trauma-based, gender-specific). Prevention efforts combat the need for treatment altogether, which reduces the amount of people who face barriers to treatment. Mewton and colleagues reviewed ten years of studies related to prevention to see when and where it is most effective. The results found the most evidence supporting family-based and school-based prevention (Mewton et al., 2018, p. S465).

Sources of Prescription Drugs

Unlike earlier assumptions, studies have shown that family and friends are the main source of prescription drugs (Hulme et al., 2018). For example, a mother with extra pills may give her son a couple for a minor backache, unaware of the negative consequences it could cause. According to Hulme et al. (2018), "few patients report receiving information from their treating practitioners about appropriate storage and disposal practices for leftover medicine" (p. 246), creating a greater risk for other individuals in the house.

Brain Changes

Drug use changes the brain in ways that make quitting especially difficult. Repeated use of a drug rewires that part of the brain that controls pleasure, which makes the user want to repeat the pleasurable act of taking drugs. Overtime, the brain changes in ways that reduce the pleasure felt by the drug, requiring the person to take higher doses to feel a similar effect. "Normal" pleasurable activities such as eating, having sex, and spending time with family feel increasingly less pleasurable as well (National Institute on Drug Abuse, 2018j).

Risk Factors

In addition to genetics, studies have found that, “gender, ethnicity, and presence of other mental disorders,” strongly influence the risk of addiction (Waaktaar et al., 2018, p. 740). Other factors with an influence include response to trauma, early exposure to drugs, and overall quality of life (National Institute on Drug Abuse, 2018j). For example, unaddressed trauma may lead to self-medicating and early exposure to drugs may cause drug use to be normalized.

Addiction is Treatable

Recent research shows that drug addiction is treatable and can be managed but is also a chronic disease. Therefore, most people who abuse alcohol and other drugs require, “long-term or repeated care to stop using completely” (National Institute on Drug Abuse, 2019e). Medications can be made to manage withdrawal symptoms, reduce cravings, and alleviate symptoms from co-occurring disorders. Combining medication and behavioral therapy offers the best chance of reducing substance abuse. In addition, it is crucial that each person has an individualized treatment plan, tailored specifically to their needs (National Institute on Drug Abuse, 2018j).

Fluctuation in Drugs Available

The type of drugs used and abused are rapidly changing. Since 2016, alcohol, cigarettes, heroin, prescription opioids, MDMA, methamphetamine, amphetamines, sedatives, and ketamine are at historic low levels of use for 8th, 10th, and 12th graders (National Institute on Drug Abuse, 2018d). On the other hand, rates of “vaping” have increased by about one-third (National Institute on Drug Abuse, 2018d). In addition, synthetic cannabinoids (K2/spice), synthetic cathinones (“bath salts”), and synthetic opioids (fentanyl) are newer drugs being sold and used.

Co-occurring Illnesses

Co-occurring illnesses (including mental illnesses) has been shown to worsen the interactions between two or more disorders (Hautala et al., 2019). For example, someone with a mental health disorder who does not attend to their needs, or does not recognize their needs, may self-medicate with drugs or alcohol. At the same time, “substance use may change the brain in ways that make a person more likely to develop a mental illness” (National Institute on Drug Abuse, 2018b). According to the National Institute on Drug Abuse (2018b), about half of the people who experience a mental health disorder will also experience a substance use disorder.

Stigma

According to a literature review done by Eaton, Ohan, and Dear (2015), both people with substance use disorders and individuals working in the industry are stigmatized by the general population. Unfortunately, this stigma reduces the number of qualified employees working to help those with substance use disorders. Eaton and colleagues (2015) discovered seven studies “pertaining to stigma and working in the [alcohol and other drugs (AoD)] sector. Findings indicate that AoD workers experience stigma and this impedes occupational functioning. Stigma is not clearly conceptualized in these studies” (p. 19).

Language

Currently, most Americans support punitive policies over public health policies (Barry et al., 2018). This would likely change if people had a better understanding of substance use disorders as a mental illness, rather than believing it is simply a lack of willpower. Word use and language are crucial factors when affecting perceptions and policies. A Report in 1977 from the World Health Organization (WHO) was written to study the effects of changing one word between “alcohol dependence” and “alcohol disabilities” (Edwards, 2007, p. 1711). This study provided evidence that just one word can drastically change the meaning and understanding of a

concept. According to Barry and colleagues (2018), “a small change in language (known as framing effects) can shift attitudes fairly dramatically” (p. 1157). This is especially necessary when discussing substance abuse to combat the stigma that prevents individuals from getting help.

According to Tudiver and Talbot (1999), traditional social roles is one explanation for men’s underuse of health services. Men typically seek help for an “acute illness or crisis” rather than the underlying mental health issues (as cited in Ferguson et al., 2019, p. 566). Common treatment barriers for men include the belief that “a lot of people feel down” (Seidler et al., 2020, p. 106), as well as the masculine ideals of stoicism and self-reliance. Considering that men account for half of the population, this is an issue of public health. The first step of breaking down these barriers is to change the language used to address substance use. Changing the language would change perceptions, and eventually affect policies. We have seen this shift in language in *The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)*. When the 5th edition was published in 2013 the language changed from “substance use” and “substance abuse” to “substance use disorder” (Center for Behavioral Health Statistics and Quality, 2016).

To further support this viewpoint, a significant collection of academic literature suggests that “strategic communication” can reduce stigma and change perceptions (Barry et al., 2018, p. 1159). The importance of language is increasingly recognized with the encouragement of “person-first language.” Person-first language is used to place more emphasis on the individual, rather than the crime, disease, or disability. The most recent edition of American Psychological Association Publication Manual, updated in 2020, made bias-free and person-first language a requirement (Purdue University, 2020). It should also be a requirement of treatment court staff to use person-first language. For example, instead of referring to someone as “drunk driver,” it

would be recommended to say, “person with a DWI.” This minor change in language makes a distinction between the person and the crime. In addition, supporters are directed to avoid words like “addict” and “junkie” (Barry et al., 2018 p. 1157). Person-first language would replace these derogatory terms by saying “a person with a substance use disorder.”

While “patient” is a much more accurate and appropriate word than addict, it is still not person-centered. Thus, this dissertation will use such person-first language, and refrain from words that are not person-centered like “addict.” Due to the importance of language and word choice, this literature review includes a more thorough definition of terms than most (see pages 14-20).

Language has been proven to change perceptions. My hope is that society will better understand substance abuse, so that those who need help can receive it. While language and beliefs are important, there are concrete changes to be made as well, such as how we handle individuals with nonviolent drug offenses. In the United States, people convicted of nonviolent drug infractions, as minor as possession, often face lengthy prison sentences and unnecessary extended pretrial detention (Csete, 2019). The next theme of this literature review will analyze the punitive nature of reacting to substance abuse. I will discuss expanding the general populations’ knowledge to allow society to more effectively treat people who abuse alcohol and other drugs, rather than criminalize those who need help.

Theme Two: Criminalization of Drug Use

Prior to the War on Drugs that began in the 70s, probation officers considered substance abuse to be a mental or psychological issue, rather than an act of criminal behavior (Sparrow, 2014). With no training on the issue, the War on Drugs led probation officers to adopt a stigmatizing view of individuals using drugs and “simply [apply] pre-existing approaches to a new social problem” (Sparrow, 2014, p. 1799). When struggling to understand people with

different views or lifestyles, humans frame others as distinct from them—which often causes dehumanization. The War on Drugs “framed [drug use] as a personal or moral failing rather than a reaction to social conditions” (Crabtree & Masuda, 2019, p. 673), while people who did not do drugs were considered safe. Since then, many studies have shown the association of social conditions with substance abuse which challenges the immorality of the disease. As a result, rather than the system’s default being criminalization, it is becoming popular opinion among the addiction field to use a more comprehensive approach to decrease negative effects of AoD use.

While it was obvious that people were struggling with drug use, treating those individuals as criminals was not producing improved results. To make matters worse, HIV arrived in America in the 1980s and the correlation between criminal behavior and drug use was reiterated. It was during this time that drug users were reclassified from “psychiatric patient to offender”, causing the treatment to “shift from medical to penal” (Sparrow, 2014, p. 1799). Unfortunately, this approach failed to improve public health and unnecessarily increased mass incarceration (Milloy, 2019). Now, 30 years later, half of the individuals who are incarcerated are so because of drug-related charges (Jun & Fairbairn, 2018).

Science has found that our brains can change each time a drug is used. Therefore, long-term drug use will change the brain’s ability to function. Whether the effect is slower reaction time, emotional dysregulation, or changes in social behavior, there is science-based research that shows “addiction affects parts of the brain involved in reward and motivation, learning and memory, and control over behavior” (National Institute on Drug Abuse, 2019e). Due to the effect of drugs on brain functioning, addiction is classified as a mental illness. It is important that society and policymakers recognize the science behind addiction, so we can adjust expectations and treatment programs accordingly. For example, it is of utmost importance that

insurance providers understand that a substance use disorder is a mental illness and should be treated and covered as such.

Treatment While Incarcerated

The statistics for those who become a part of the criminal justice system under the influence of Alcohol or Other Drugs (AoD) during the act of the crime is highly distressing (Csete, 2019; Doyle et al., 2019; Duwe, 2010; Jun & Fairbairn, 2018). According to the Center of Addiction:

Some research shows that an estimated 65% of the United States prison population has an active [substance use disorder]. Another 20% did not meet the official criteria for an [substance use disorder] but were under the influence of drugs or alcohol at the time of their crime (as cited in National Institute on Drug Abuse, 2019a).

Much of the prison population is made up of nonviolent drug offenders who serve drawn out sentences (Csete, 2019; Schmitt et al., 2010). This is a waste of valuable resources that could be spent toward improving society by reducing medical costs, improving family relations, and treating mental health issues.

There is limited evidence of the effectiveness of incarceration related to lower rates of drug use, yet the United States penal system continues to focus funds on forms of punishment instead of other options such as prevention. Although the sentencing of nonviolent drug offenders is unnecessary, it is the reality and there is a need for effective treatment programs within the jails and prisons. Duwe (2010) claimed that “participating in prison-based [chemical dependency] treatment significantly reduced the hazard ratio for recidivism by 17–25%” (p. 57). Decades of science shows that comprehensive substance use treatment while incarcerated

reduces crime, lost job productivity, family disintegration, and recidivism (Duwe, 2010; National Institute on Drug Abuse, 2019a).

More than half of the United States prison population has a substance use disorder, yet, according to my literature review, there has only been one study to explore prison treatment programs since 2010. This study, a meta-analysis, tried to identify the most effective treatment for men in prison by reviewing 25 studies published between 1995 and 2015 (Doyle, et al., 2019). Doyle and colleagues (2019) suggested that cognitive behavioral therapy delivered in therapeutic community settings is the best practice for effective treatment during incarceration. Cognitive behavioral therapy challenges individuals to evaluate their behaviors so that they can create new behaviors (Doyle et al., 2019). This therapeutic approach will be discussed in more detail in theme three.

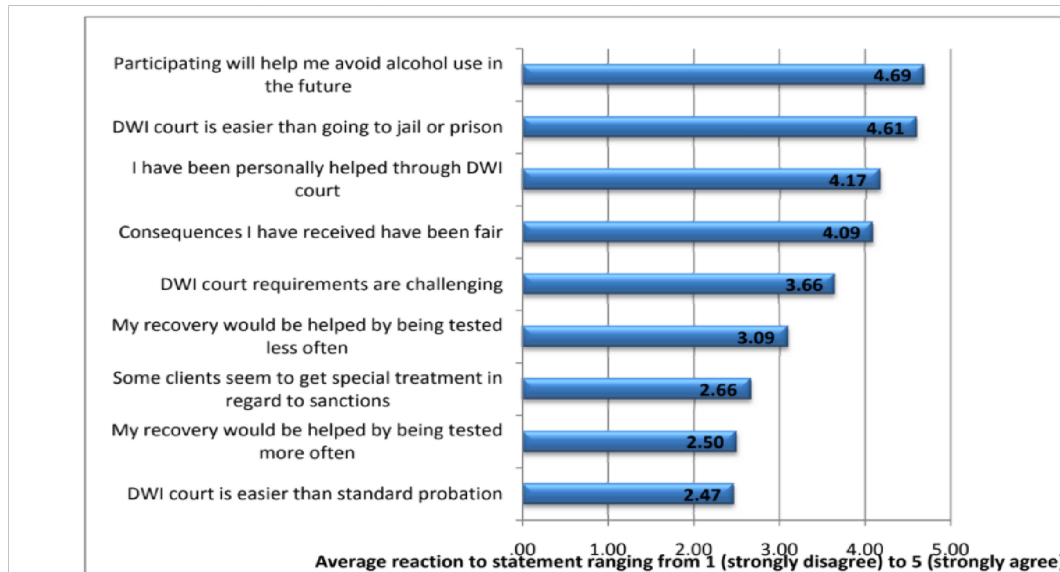
Similar to inpatient programs, it is especially important that people in prison treatment programs learn how to, “recognize, avoid, and cope with triggers they are likely to be exposed to after treatment” (National Institute on Drug Abuse, 2019e). It is crucial to recognize the specific needs and challenges for individuals receiving treatment while incarcerated in order to make necessary accommodations. A recurring point found in the literature was that people returning to society post incarceration are at the highest risk for overdose. One study found that almost 15% of former prisoner deaths were related to opioids, which is only one of the many substances that affects a user’s tolerance and creates an elevated risk for overdose (Merrall et al., 2010; National Institute on Drug Abuse, 2019a; Jun & Fairbairn, 2018; United Nations Office on Drugs and Crime, 2017). To combat this issue, we need more education on relapse and resources for ongoing treatment following incarceration.

Treatment Courts

NPC Research was contracted in 2011, to assess Minnesota's DWI courts, to determine work necessary, and to conduct an evaluation of process, outcome, and costs. The overall goal of the DWI court project was to have a credible and rigorous evaluation of Minnesota's DWI courts. In June 2012, there was a full and detailed evaluation of process and outcome, in all 9 of Minnesota's DWI court programs and a cost benefit evaluation in seven of these nine. Figure 4 shows input from treatment court participants when asked to rate the statements on a Likert scale, with 1 indicating strongly agree and 5 indicating strongly disagree (Weidner, 2011). The following perceptions are worth highlighting: Participants agreed that the treatment court would help them avoid alcohol use in the future (4.69); that treatment court is easier than going to jail or prison (4.61); and that they have been personally helped through treatment court (4.17). They were also likely to disagree that treatment court is easier than standard probation (2.47).

Figure 4

“Respondents’ Overall Perceptions of DWI Court”



Note. From Weidner, R. R. (2011). *Process evaluation of County DWI Court Program*. Center for Community and Regional Research.

It is a common belief that treatment is only effective when it is voluntary, but recent scientific findings suggest otherwise (Brown, 2010). Treatment courts, also known as “drug courts”, are a “well-established and highly effective intervention for diverting drug involved offenders away from the criminal justice system” (Fendrich & LeBel, 2019, p. 178). There are more than 3,000 of these programs throughout the United States (Fendrich & LeBel, 2019). Treatment courts keep nonviolent drug offenders out of the often-overcrowded jails and prisons by offering a broader scope of substance abuse care. These courts differ from the typical defense versus prosecutor setup, and instead are holistic and rehabilitative, aiming to reduce negative effects of substance abuse for individuals and the community.

Jun and Fairbairn (2018) conducted a case study of an individual in their 50s and their experience with drug treatment court. This individual had a severe opioid use disorder and was using other drugs including methamphetamine, cocaine, and benzodiazepines. The individual reported homelessness, childhood neglect, and a family history of alcohol use disorder. Along with treatment court, this individual was receiving medication assisted treatment and standard substance abuse treatment. According to Jun and Fairbairn (2018), “the combination of these approaches effectively stabilized the patient’s substance use disorder... and resolved the patient’s past criminal record” (p. 495). The individual also reported an increase to their quality of life and social functioning.

The details of this case prove the benefits of treatment courts. Treatment courts aim to, “provide effective and evidence-based treatment, to reduce relapse, and drug-related recidivism, and to use a problem-solving and rehabilitative approach” (Jun & Fairbairn, 2018, p. 495). Although this program is a step in the right direction, an even better option would be increasing access to high quality treatment before it becomes problematic. A significant issue with the

current system is that treatment is not typically offered until substance use has progressed to substance abuse.

Theme Three: Inadequate Current Treatment Offerings

The third and final theme is one that needs urgent attention. It is clear that the current treatment options are ineffective since the opioid epidemic is currently at the height of the crisis. In 2017, more people died from opioid-related overdose than in fatal car crashes (Romberg et al., 2019). There are several barriers to treatment that I have organized into two categories: problems with access and problems with programs. First, I will discuss accessibility. The literature showed that receiving services and education can be difficult, especially for those from rural areas, lower-socioeconomic classes, or diverse populations (Imtiaz et al., 2018; Substance Abuse and Mental Health Services, 2015b). I will then discuss the concerns of current programs such as aid being out-of-date, limited in options, and too general in terms of individualization.

In 2014, only 18.5% of the people who needed AoD treatment received it (National Institute on Drug Abuse, 2019e). It is important that we reduce the barriers to treatment by providing more services with an integrative approach (Abraham et al., 2019; McCarty, 2019; Ogata, 2019). The following review of the barriers is in proportion to the literature that was reviewed. For example, not much was discovered on the barrier of financial cost or insurance coverage, so this will only be mentioned briefly. On the other hand, details such as various places for people to access help, and discussion of more integrated approaches, are much more detailed and plentiful.

Problems with Access

Getting help for a substance use disorder is an ongoing process. Many people who abuse alcohol and other drugs lack the financial means to access treatment programs or choose the program which best fits their needs (Barry et al., 2010). In the following section I discuss the

financial burden of treatment, the (lack of) program availability, and supply a few examples of which changes have been tried to minimize those barriers.

Financial Cost

The financial resources, and type of insurance, of an individual has an enormous impact on where they can receive treatment services (Barry et al., 2010). As previously mentioned, insurance does not always provide the best coverage for mental health and substance abuse services. Without better insurance coverage, many people who abuse AoD are limited to where they receive treatment (Barry et al., 2010).

Even with adequate insurance, financial cost of treatment can still cause issues (Barry et al., 2010). For example, before insurance companies agree to cover the cost of treatment, they must be convinced that the services are necessary. This can be especially problematic because some individuals have developed a dependence, yet they do not show any signs of abuse (Lago et al., 2017). Other individuals who have not yet come to terms with their problem may also offer inaccurate information regarding their patterns of use. If an individual is engaged in a level of care higher than outpatient, that is intensive outpatient, a partial hospitalization program, or a residential/inpatient program, they will have to take time off work which can create another financial barrier.

Availability of Treatment

Where an individual lives also affects their treatment options. Rural areas typically have less programs to offer, though populated areas have accessibility problems as well. The availability of services is an issue that dates to 1966 when the Narcotic Addict Rehabilitation Act was passed. This act emphasized “rehabilitation rather than criminalization,” but the amount of people who needed treatment, “already surpassed the resources available” (Kandall & Chavkin, 1992, p. 624).

Examples of Availability Options

Many programs have been implemented to overcome these barriers to treatment. These efforts include programs at schools (Mewton et al., 2018), workplaces (Mewton et al., 2018; Milloy, 2019; Ogata, 2019), and healthcare sites (National Institute on Drug Abuse, 2018j; Romero Rodríguez et al., 2019). There are also programs that help alongside criminal consequences (Csete, 2019; Doyle et al.; Rafful et al., 2018), and through leisure-based activities (Harmon, 2018; Mewton et al., 2018).

C.H.I.P. Individuals who struggle with addiction often struggle to meet the demands of work (National Institute on Drug Abuse, 2017a), making drug use in the workplace a familiar concern. In 1971, a high rate of drug use among auto plant workers (possibly due to workplace conditions and long hours), inspired the leaders of the United Auto Workers to intervene. In response, Curb Heroin in Plants (C.H.I.P.) was created for autoworkers (Milloy, 2019). According to Milloy (2019), “C.H.I.P. provided methadone, individual and group counseling, career counseling, legal advice, and family support”, while “encouraging clients to remain on the job” (p. 408). The program grew quickly and received a grant in 1973 from the National Institute of Mental Health to test the efficacy of their methods.

The University of Michigan was charged with the evaluation of the program and found that it was not as effective as the United Auto Workers had been claiming (Milloy, 2019). There were 66 clients tracked and, “only five completed their course of therapy, remained abstinent, and were considered ‘cured’” (Milloy, 2019, p. 409). The evaluation was unable to prove any of C.H.I.P.’s goals to be successful, but this was possibly due to ambitious standards and sampling (Milloy, 2019). The FBI investigated the C.H.I.P. program and with unclear results, the program was shut down. Though it was flawed, the C.H.I.P. program still provides valuable lessons because, “it balanced drug treatment with workplace support” (Milloy, p. 410).

Primary Care. Another possibility for increased accessibility would be through primary care professionals. Unfortunately, according to Romero-Rodríguez et al. (2019), there is a “high percentage of primary care professionals who have not received specific training on alcohol management” (p. 9). Without proper training, these professionals cannot provide the most effective preventative practices (Romero-Rodríguez et al., 2019). They also have little knowledge on how to refer their patients to the proper resources. It is critical that primary care professionals are adequately trained on how to support patients with “at-risk [substance] use” (Romero-Rodríguez et al., 2019, p. 9). An individual who abuses AoD may approach their primary doctor first because the rapport is pre-established. Requiring primary care professionals to have specific training would break this barrier and allow for better prevention and referrals. It also has the potential to create an understanding and develop more positive attitudes toward people who abuse alcohol and other drugs (Romero-Rodríguez et al., 2019).

Problems with Programs

Current treatment programs tend to be outdated for the following reasons: they often require abstinence and disengagement, rather than utilizing a harm reduction approach (Kiluk et al., 2019); they lack appropriate aftercare services (Palpacuer et al., 2015; Wiessing et al., 2018); and they are too generalized (VanderBroek, 2016). Instead, science shows that a more specific approach to clients will produce better results (Abraham et al., 2019; McCarty, 2019; Ogata, 2019). The following section highlights the need for more individualized options to be offered, accessible, and financially covered by healthcare. Improving accessibility and treatment options would provide people with much-needed improved care.

Outdated Programs

As the knowledge on substance use disorders improves, so should the programs. Although an abstinence model was primarily used in the 1950s (Cook, 1988), research has shown

that this approach does not work best for everyone. The need for abstinence in a clinical setting is subjective. The classic definition of abstinence requires sustaining from all drugs including medication assisted treatment, such as methadone. Some researchers believe abstinence is only necessary for the person's drug of choice (Wiessing et al., 2018). Instead of the traditional abstinence approach, recent research is in favor of a harm reduction approach. The harm reduction approach deems abstinence unnecessary and sets moderation and safety as a more appropriate goal (Jun & Fairbairn, 2018; Palpacuer et al., 2015). Total abstinence can often seem impossible, and therefore, discouraging rather than empowering. People often say relapse is a part of recovery, which makes an abstinence approach unattainable. However, if abstinence is important to the person who seeks treatment, it should be a self-defined goal that aligns accordingly with their values.

Another outdated idea is isolation. Instead of isolating clients from their loved ones, who often want to offer encouragement and support through this process, many studies contained suggestions for the inclusion family (Choate, 2015; Harmon, 2018; Ladis et al., 2018; Morrison et al., 1998; Wlodarczyk et al., 2017), and/or friends and peers (Crabtree & Masuda, 2019; Neale et al., 2018; Stoddard & Pierce, 2016). Specifically, Neale and colleagues (2018) found that peer interaction (interaction between individuals who are engaged in treatment together) provides positive benefits because individuals can provide support for each other and share their experiences (p e44). Addiction itself is isolating, and these individuals should not be further isolated when they seek help.

Aftercare

As relapse is a part of recovery, there is a demand for available services once treatment is complete, also known as aftercare. Research shows that the longer individuals stay engaged with some type of treatment services, the better the outcome. According to the National Institute on

Drug Abuse (2019a), aftercare significantly helps people who abuse AoD avoid relapse.

Unfortunately, follow-up assistance and support are not only lacking but are typically nonexistent (Ferguson et al., 2019).

Generalized

Treatment programs that offer more individualized options are more effective and should therefore be expanded. The most common therapeutic approach is twelve step facilitation (based on the Twelve Steps of Alcoholics Anonymous), which places a large emphasis on a higher power. The focus on a higher power may prevent someone who is agnostic or uncertain of their spirituality from receiving adequate care from such a program. Instead, many studies suggested that behavioral therapy, such as cognitive behavioral therapy, is a more effective approach for substance use disorders (Lyons et al., 2019; McKim et al., 2016; National Institute on Drug Abuse, 2019e). Cognitive behavioral therapy can help individuals who abuse AoD “recognize, avoid, and cope with the situations in which they are most likely to use drugs” (National Institute on Drug Abuse, 2019e). This method emphasizes individuality because not everyone will experience the same triggers that lead to drug use.

Examples of Alternative Programs

There are many alternatives to implement and analyze. Some of these include: (1) Payment according to success (Jones et al., 2018); (2) Specialized treatment for pregnant mothers (Abraham et al., 2019; National Institute on Drug Abuse, 2019d); (3) Specialized treatment for children of individuals with a substance use disorder (Włodarczyk et al., 2017); (4) Medication assisted treatment (Barry et al., 2018; Fendrich & LeBel, 2019; Jun & Fairbairn, 2018; National Institute on Drug Abuse, 2018c; National Institute on Drug Abuse, 2018d); (5) Specialized treatment for those exposed to trauma (Davis et al., 2019); and (6) Population specific treatment

including but not limited to gender, sexual-orientation, and culture specific programs (National Institute on Drug Abuse, 2019d).

Medication Assisted Treatment. In July 2019, Binder County Jail published a press release that spoke of a new program they were implementing to help with the opioid crisis. This new program will “offer medication assisted treatment for people in or recently released from the county jail” (Litman, 2019). The need for this program was illustrated as follows:

Nationwide, jails are at the epicenter of the opioid crisis. Tens of thousands of people with opioid use disorder pass through the corrections system each year. But only about 30 of the 3,200 jails in the country [less than 1%] offer the opioid medications methadone and buprenorphine, which have been shown by research to be the most effective forms of treatment. Most individuals instead go through detoxification, which lowers tolerance levels without curbing opioid cravings and dramatically raises the risk that people will overdose after they are released. (Litman, 2019)

Binder County Jail was not alone in the implementation of new medicated-assistance programs. Fourteen other jurisdictions implemented the program at the same time, with the same aim to help individuals with an opioid use disorder (Litman, 2019).

Strengths

This literature review is a meta-synthesis that aims to integrate qualitative studies to synthesize elements, and ultimately transform individual findings into new concepts, interpretations, and theories (Polit and Beck, 2006). This meta-synthesis offered consistent findings throughout the studies, such as the need for change to evidence-based treatment and integrative care. In addition, this review provided ample resources about alcohol and other drug use, including a wide range of recent and valuable studies.

Weaknesses

Both weaknesses within the studies reviewed pertain to validity. The first issue with validity is self-report measures. Self-reporting is the most used form of data collection when studying behavioral health which can cause issues with reliability. Some people with substance use disorders may not be truthful about their use due to shame or fear of punishment. In addition, it can be difficult for individuals to accurately recall usage patterns, habits, and behaviors while under the influence (Staudt et al., 2019). The second issue with validity is a high rate of exclusion among study participants. Studies involving substance use have an exceptionally high rate of exclusion when considering participants. A review of 22 studies on substance use showed between 64% and 96% of potential study participants were excluded from the studies (Moberg & Humphreys, 2017). Common reasons for exclusion include co-occurring mental health issues, unrelated medical issues, and current alcohol and other drug usage. The fact that the exclusion rate is so high negatively affects the external validity of the studies which makes the results less applicable to the larger population.

Gaps and Tensions in the Literature

While researching I found one noteworthy gap in the literature regarding an aspect of the parent-child relationship. We know that many children live with their parent(s) for much longer than previously expected, which results in adult-emerging children facing more discipline for longer periods of time. When children have adverse childhood experiences, including abuse and household dysfunction (parental substance abuse, mental illness, criminal behavior, or a mother who was abused), they are more likely to have negative health outcomes. These negative health outcomes include, but are not limited to, substance use disorders, depression, obesity, and heart disease (Felliti et al., 1998). There is a known correlation between parental physical force and children developing a substance use disorder (Pollard & McKinney, 2016). There is also a

known correlation between parental incarceration and increased physical and mental health issues (VanderBroek et al., 2016), but there is a gap in the research regarding these conditions and children's tendency to access healthcare services. More literature is needed to gain a better understanding of how parental incarceration is affecting children through a lack of positive role models, lack of parental supervision and teachings, trauma, homelessness, financial hardships, etc.

Analytical Theory

The theory section of my dissertation includes a description of two theories: path dependency theory and motivation theory. The 98 studies from my literature review will be analyzed from these theoretical perspectives.

Path Dependency Theory

The first theory I will use to analyze the findings is Kingdon's (1998) path dependency theory. This theory states that people are often stuck by existing structures and institutions and will therefore follow such established paths, making non-incremental change difficult and unlikely to occur. Theme one in the literature review discusses the recent findings in science and technology that have led to outdated treatment programs, but we must remember that change is difficult to obtain. The path dependency model assists in understanding why substance use is currently criminalized and only recently seen as a mental illness.

According to Kingdon's (1998) theory, America is the way it is now because of the way it began. Early events of American history have resulted in gradual changes that have led us to the present situation of criminalization and punitive efforts toward people who abuse AoD. For example, since the War on Drugs began in the 70s, people with substance use disorders have been assumed morally inferior and treated punitively rather than therapeutically. America,

especially American policy, must be open to making changes as more accurate information becomes available.

One article specifically addressed this issue and asked, “why so few Americans support this evidence-based policy to combat drug overdose deaths” (Barry et al., 2018, p. 1158). According to Barry and colleagues (2018), one explanation for the lack of support is the ongoing social stigma toward those who use drugs. Kingdon’s theory would argue that path dependency would be to blame for the continuous stigma and delayed adjustments in America’s policies.

Motivation Theory

In addition to path dependency theory, motivation theory was used to analyze the findings. Motivation theory is based on the “law of effect:” the belief that behavior is a function of its consequences. For example, when individuals experience a positive consequence following a behavior, they are likely to repeat that behavior. When they experience a negative consequence, they are less likely to repeat that behavior. This is especially problematic when fighting addiction because research shows that “addiction affects parts of the brain involved in reward and motivation, learning and memory, and control over behavior” (National Institute on Drug Abuse, 2019e).

The Center for Motivation and Change is a facility in New York working against the current challenges by using “solid evidence-based treatment” (Foote et al., 2014, p. 18). It is a one-of-a-kind in New York, and one of very few of its kind in the United States. The Center for Motivation and Change follows a tripartite program using motivational interviewing, cognitive behavioral therapy techniques, and empowering family and loved ones through a program called Community Reinforcement and Family Training. The book, *Beyond Addiction* (2014) discusses this treatment model. I will discuss each part of this tripartite program from a motivational theory perspective and then offer articles to confirm the scientific findings.

People often have better treatment results if the program aligns with their individual values. A review of the literature shows that the needs of each person who abuse AoD are not only different among individuals, but that the same person has unique needs throughout various times in their life. As a result, the treatment programs must be more holistic and ongoing, rather than the past episode-specific programs. A favorite author of mine, George Lakoff, believes our actions, thoughts, and morals are based on our values (Lakoff, 2002). In this sense, these values are what motivate us. According to Lakoff's theory, treatment would be most effective if it were specific to values and culture.

Motivational Interviewing

Motivational interviewing is used at the beginning of acceptance into a treatment program, mainly to identify underlying values. Motivational interviewing is a counseling method that encourages people who abuse AoD to address their ambivalence related to change and increase motivation for that change. Motivation theory states that people act according to their motivation and provides insight into how motivation will affect behavior. Like the Center for Motivation and Change's treatment program, many articles suggest treatment programs that include concepts related to motivation theory (Darker et al., 2016; Kiluk et al., 2019; Kim et al., 2017; Milloy, 2019; National Institute on Drug Abuse, 2019e; Romero-Rodríguez et al., 2019; Stoddard & Pierce, 2016).

Cognitive Behavioral Therapy

Cognitive behavioral therapy can be seen as a continuation of motivation theory. After identifying an individual's motivations, cognitive behavioral therapy is used to adjust thoughts and behavior accordingly. It focuses on the link between thoughts, beliefs, and actions. Aaron Beck, the pioneer of cognitive behavioral therapy, theorized that the way individuals think about

things will affect their beliefs, and in turn, affect their behavior. The use of cognitive behavioral therapy focuses on reconstructing automatic thoughts. It also aims to identify and change negative thinking, which is shown to produce more positive behavior. Dialectical behavioral therapy is a form of cognitive behavioral therapy with an emphasis on mindfulness. To confirm this approach, 35 articles suggested using one or more component of cognitive behavioral therapy (Black, 2014; Doyle et al., 2019; Ladis et al., 2018; Lyons et al., 2019; McKim et al., 2016; National Institute on Drug Abuse, 2018e; Park & Wu, 2019; Sparrow, 2014; Stoddard & Pierce, 2016).

Family Involvement

The third sector of the Center for Motivation and Change's program is Community Reinforcement and Family Training (CRAFT). Community Reinforcement and Family Training is a family-based program, encouraging involvement from family and friends with a foundation on reinforcement theory. Reinforcement theory states that certain behaviors can be encouraged and increased in frequency by offering positive reinforcement (Jun & Fairbairn, 2018). On the other hand, to discourage a certain behavior, a loved one can offer negative reinforcement such as delaying or removing a reward. CRAFT offers practical suggestions for loved ones to stand up for themselves, offer support in non-confrontational ways, and learn how to use motivation to help reinforce behavior. In addition to *Beyond Addiction* (2014), thirteen studies echoed using a form of positive or negative reinforcement (Choate, 2015; Eaton et al., 2015; Harmon, 2018; Hulme et al., 2018; Kiluk et al., 2019; Ladis et al., 2018; McKim et al., 2016; Milloy, 2019; Morrison et al., 1998; Pollard & McKinney, 2016; Stoddard & Pierce, 2016; VanderBroek et al., 2016).

Summary

I identified three main themes from 98 articles used for this literature review: (1) The need for change to policy and programs related to substance abuse; (2) The criminalization of drug use; and (3) Inadequate current treatment offerings. This literature review shows how treatment and policies in the United States started as harsh and punitive and are now developing to be more motivation-based and less punitive. There are many types of treatment to choose from, but still not enough to meet the individualized needs of people who abuse AoD. Moving forward, treatment programs need to be as customized as the individuals attending. We must move further away from the punitive approach and start using motivation theory to change behavior. Rather than the system's default being criminalization, it is recommended to use a more comprehensive approach to successfully decrease the negative effects of substance abuse.

CHAPTER THREE: METHODOLOGY

This study sought to identify the mechanisms, which a DWI (Driving While Intoxicated) Court within County Binder utilized to reduce recidivism. It also examined the elements of those mechanisms that can be adaptable to other treatment courts. I conducted 3 field experiences, 6 field observations (4 in person and 2 virtual), and interviewed 15 informants including 4 community members, 3 Binder County Court DWI staff, and 8 volunteers. To conduct such a detailed study and make sense of the multifaced data I collected, I chose to use qualitative research as the sole methodology for this case study. In the next section, I explain the rationale for using qualitative study and addressing the research approach, the selection of participants, the data collection, as well as the data analysis.

Qualitative Research

I used qualitative methods to better understand the Binder County DWI Court Program, with a special emphasis on the process of implementation. Charmaz (2014) believes that both quantitative and qualitative forms of data can provide useful information, and that the type of study should depend on the research question. In addition, Charmaz (2014) recognizes that qualitative studies can be subjective among other issues. With this in mind, Charmaz (2014) encourages the researcher to be aware of any effects he or she may have on the data—rather than denying or ignoring it. Charmaz (2014) chose the term “‘constructivist’ to acknowledge subjectivity and the researcher’s involvement in the construction and interpretation of data” (p. 14).

In a qualitative study, the researcher is interested in both events and how individuals make sense of these events (Maxwell, 2013). Through a constructivist framework, I analyzed and combined the findings from each interviewees’ reality (ontology) with my interpretation

(epistemology). I analyzed the program's changes through a historical lens with semi-structured interviews. It should be noted that during the COVID-19 pandemic, the interviews took place with no contact. In addition, the DWI court hearings were moved to the online platform, Zoom. I followed the framework approach to lead to thematic analysis through codifying the data found in interview transcripts, memos, other notes, and printed material. Then these codes were categorized into main themes and developed accordingly. The framework approach was developed for applied and practiced relevant research and "allows themes to emerge inductively from the data, as well as to be deductively derived from the relevant literature and study goals" (Gale et al., 2013, p. 1).

Research Approach: Case Study

To better understand substance abuse and the associated policies, I employed a case study approach. Case studies are qualitative studies best used to understand social phenomena that are often complex. This method allows the researcher to preserve important characteristics of real-life events (Yin, 2009). Yin (2009) states, "in general, case studies are the preferred method when (a) 'how' or 'why' questions are being posed, (b) the investigator has little control over events, and (c) the focus is on a contemporary phenomenon within a real-life context" (p. 2). Case studies focus on a specific situation or people, and then require the investigator to use multiple sources of data including documents, artifacts, interviews, and observations (Yin, 2009). The interest is in process rather than outcomes, in context rather than a specific variable, and in discovery rather than confirmation (Merriam, 1998). Mine was a case study because it investigated the single case of DWI recidivism in a single county called Binder. As advised by Yin (2009), I approached the data to respond to the questions of why this county succeeded in its treatment of DWI cases and how other counties can learn from their experience.

Institutional Review Board

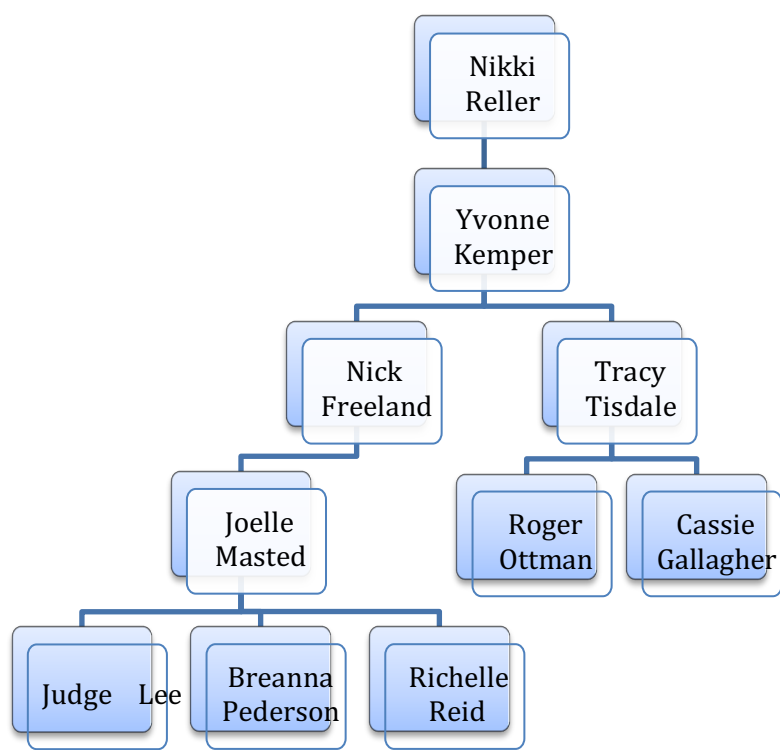
Because I would be engaging in the process of collecting data, I secured the approval of the University of St. Thomas's Institutional Review Board whose review process seeks to protect the rights and welfare of human subjects involved in research activities. Please see Appendix C to see the approval letter. The Institutional Review Board process ensures that all activities related to human subject research meet federal guidelines and ethical principles. The Department of Health and Human Services also provides safeguards for the respect and welfare of each research informant. The approval of this study can be found in the appendices.

The subjects of this study are people related to the administration of the drug and alcohol court programs including judges, public defenders, prosecutors, treatment providers, et cetera. Humans are more than simply scientific subjects and deserve the highest levels of care, respect, and protection to prevent violations of their privacy and confidentiality. I provided each informant with an informed consent form (see Appendix A), and put safeguards in place to ensure all information and interview data collected remains secure and private, such as saving it to a password protected cloud storage location so that is not left on a personal device or physical storage drive. Moreover, I informed subjects of any possible conflicts of interest, potential threats, or ethical considerations they should be aware of. While pseudonyms and codes guard each informant's individual information, I also informed them that they may opt out at any point throughout the study.

Recruitment and Selection of Informants

I employed the "snowball sampling" method, in which I used my current connections and informants to refer me to more possible study subjects (Sparrow, 2014). This sampling method allowed me to interview people who I may not have had the opportunity to reach otherwise and resulted in a comprehensive set of data to analyze. No children were studied or eligible for

selection. To this study, interviewing past or current participants of the Binder County DWI Court program was not approved. Instead, they are referred to as “participants” throughout this study. On the other hand, “informants” were interviewed, and were required to have been involved in a treatment center in the past. Figure 5 below shows how snowballing worked from one contact person (Nikki Reller) to the other informants in this study.

Figure 5***Informants Obtained Through Snowballing Process***

In addition to the informants that were referred to me through snowball sampling, I also used convenient sampling (Merriam and Tisdell, 2017) to recruit those candidates that were available to participate in the study. As shown in Table 2 below, there were three groups of convenient informants, each with a different degree of involvement in the DWI program at Binder County Court. The three groups included community members, staff of Binder County DWI Court, and other volunteers. Table 2 also indicates the occupation of each informant, the organization in which they worked as well as the date of my initial interviews with them.

Table 2***Informants Obtained Through Convenience Sampling***

Name	Occupation	Organization	Interview Date	Sex	Race	Age Range
Nia	Real Estate Agent	Community Member	8/17/18	F	African American	40-50
Cheryl	Healthcare Worker	Community Member	2/27/19	F	White	30-40
Ava	Salesperson	Community Member	3/3/19	F	White	30-40
Jenny	Business Owner	Community Member	3/5/19	F	White	30-40
Breanna Pederson	Treatment Court Coordinator	Binder County DWI Court	10/8/19	F	White	40-50
Richelle Reid	DWI Court Coordinator	Binder County DWI Court	10/8/19	F	White	20-30
Paul Lee	Judge	Binder County DWI Court	10/18/19	M	White	50-60
Alex Johnston	Senator	Midwest State Senate	4/1/19	M	White	60-70
Nikki Reller	Addiction Technician	Recovery Together (Recovery center in Binder County)	8/19/18	F	White	20-30
Yvonne Kemper	Clinical Supervisor	Recovery Together (Recovery center in Binder County)	5/1/19	F	White	50-60
Tracy Tisdale	Special Event Coordinator	City of Rochester	5/5/19	F	White	40-50
Nick Freeland	Social Service Supervisor	Binder County Public Health Services (PHHS)	6/7/19	M	White	40-50
Joelle Masted	Organizer	Recovery Alliance (Recovery center in Binder County)	6/13/19	F	White	50-60
Roger Ottman	Author	Author of Healing from Addiction	11/15/19	M	White	50-60
Cassie Gallagher	Director of Family and Spiritual Recovery	123 Recovery (Recovery Center in Twin Cities)	11/26/19	F	White	50-60

Data Collection and Analysis

To collect data, I used three strategies including unstructured interviewing as described by Merriam and Tisdell (2007), field experiences and field observations, and document analysis. I conducted more than 20 unstructured interviews, but the first interview was always held in person at a private location of the informant's choosing. Unstructured interviews allowed me to gain a better understanding of county Binder's activities and how individuals experienced the DWI treatment system. I used various prompts for unstructured interviews with informants, including the following: What is your relationship with the program? What do you like about the program? What do you dislike about the program? What could be improved about the program? How much do you believe Judge Lee impacts the success of Binder County DWI Court?

To obtain a better sense of the "practitioner and popular" information on treatment courts and programs, I spent over 50 hours participating in 3 field experiences that include a substance abuse conference, recovery conference, and trauma-informed treatment court presentation. The popular opinion among these sources is the need for a less punitive system and a more holistic, and evidence-based program to improve behavior.

The observation of Binder County DWI Court Program was another important and necessary channel for data collection. It was vital for me to make accurate observations and avoid my biases by being aware and adjusting my results accordingly. In addition to one-on-one interviews, I also conducted semi-structured interviews with more than one informant at a time. These interviews allowed me to gain the perspective of individuals who have experienced the phenomena first-hand, while still allowing me, the researcher, to add my interpretation to the data through coding and theme identification. Lastly, the analysis of six important documents was an integral source of information for the case study. Analyzing the different versions of the Binder County DWI Court Manual was extremely useful, as were two Process Evaluations.

Table 3

Documents and Data Analyzed

Document Name	Document Title	In-Text Citation	Data Analyzed
Binder manual	<i>Policy and Procedure Manual</i>	(2017)	Data on procedures and policies for participants
History of Specialty Courts	<i>History of specialty courts including Binder County DWI Court and the surrounding area</i>	(Ward, n.d.)	Relationship of Binder to surrounding treatment courts
Process Evaluation of DWI Court Program	<i>Process evaluation of the Binder County DWI Court Program.</i>	(Weidner, 2011)	Data on Binder as a successful treatment court
Process, Outcome, and Cost Evaluation	<i>Binder County DWI Court, Binder County: process, outcome, and cost evaluation</i>	(Zil et al., 2014)	Data on Binder as a successful treatment court
Trauma Informed Treatment Courts	<i>Trauma informed treatment courts</i>	(Wilson & Floerke, 2020)	Data on Trauma-Informed Courts
Yoga for Posttraumatic Stress Disorder	<i>A systematic review and meta-analysis</i>	(Cramer et al., 2018)	Contextual data for the research on yoga for PTSD

To analyze data, I used the framework method, which was originally developed in the 1980s to analyze "large scale policy research" (Gale et al., 2013, p. 1). Now, it is used in a much wider range of disciplines and qualitative studies. I chose to use the framework method because it aligns with how I naturally analyzed my findings: sorting information utilizing codes, categorizing, and utilizing matrices to find common themes. As an analytical method, the framework method falls within a family often referred to as "thematic analysis or qualitative content analysis" which is especially useful for analyzing interviews. However, it can also be used for analyzing data from multiple sources such as artifacts, articles, or field notes from observations (Gale et al., 2013, p. 3).

Validity and Reliability of the Study

The accuracy and transferability of a study is of utmost importance for the research to be serviceable (Merriam and Tisdell, 2017). I used six strategies to ensure transferability: (1) Triangulation can be achieved by using multiple investigators, sources of data, or data collection methods. In this case study, I used more than five methods of data collection to confirm emerging findings, and hundreds of sources of data. (2) By doing the research myself, I was saturated by the data. Being strongly engaged in the collection of data allowed me knowledge of the system, relationships, and issues, from many points of views. I reached a point where the findings were consistent, and this indicated the data had been saturated. (3) Critical self-reflection done by the researcher is vital to the validity of any study. As previously mentioned, I was careful about the impact of my assumptions, worldview, biases, theoretical orientation, and relationship to the study that may affect the study. (4) Peer review is vital in providing accurate implications. To achieve this, I had an informant, who is in the process of earning a master's degree in addiction from the Hazelden Betty Ford Graduate School of Addiction Studies, review each chapter as I wrote them, and offer critical advice with a focus on critiquing assumptions and

conclusions. Nikki Reller's review offered a critical eye and a needed professional point of view. (5) Respondents confirming the research is imperative to the success of a study. In this case, I requested respondents to check their associated sections for accuracy. In some cases, I took my interpretations and findings back to the people from whom they were derived to discuss legitimacy. (6) Lastly, an audit trail (a detailed account of the methods, procedures, and decision points throughout the study) ensured accuracy and assisted in transferability.

Ethical Considerations

This study followed the policy of the Institutional Review Board (IRB) of the University of St. Thomas. People with substance use disorders are a vulnerable population. Confidentiality of the informants and the data I collected is particularly important. For this reason, Binder County DWI Court required me to sign a confidentiality form (see Appendix B). I also used pseudonyms to identify the informants to make sure a release of this information would not affect participants or the staff or the DWI program. Speaking to and learning about victims of the disease, stigma, and/or poor treatment was necessary for this study. To ensure maximum respect, I carefully constructed questions that were difficult to answer. Although all my interviewees consisted of adults who consented to involvement, privacy is still a concern. Some interviewees shared privileged information about their loved one's AoD usage which makes confidentiality a top priority. I ensured anonymity throughout the study by using codes to identify informants and was the only individual to know the actual names.

CHAPTER FOUR: FINDINGS

The purpose of this study was to identify the strategies that Binder County DWI Court used to reduce Driving While Intoxicated (DWI) recidivism. It also sought the features of those strategies that might be worth duplicating and adapting by other treatment courts. Participants of Binder County DWI Court have “three times fewer arrests in one year of reentry; 66% fewer rearrests and 66% fewer new DWI arrests three years after reentry; and 60% fewer felony arrests 2 years after re-entry” (Zil et al., 2014, p. iii). As discussed in chapter three, the data from field observations, interviews, observations, document analysis, and focus groups were analyzed to generate “Findings” to the above research questions. The data that I transcribed, coded, and categorized generated the following findings: First, Binder County DWI Court is less punitive than other treatment courts. Secondly, Binder County DWI Court utilizes a team approach that enables participants to succeed. Lastly, all Binder County DWI Court staff members are well-educated and, specifically, participate in trauma-informed training.

Binder County DWI Court as a Less Punitive Program

While traditional practices involve mandatory jail time, cutoff from resources, and isolation, Binder County DWI Court has implemented less confrontational practices and the use of motivational techniques. In accordance with my observations, 100% of my informants revealed that Judge Lee is an integral part of the success behind Binder County DWI Court, and his expertise and knowledge is intertwined throughout the non-punitive basis of the program. Since Judge Lee is such a vital part of the less punitive aspect, I will start with an analysis of how Judge Lee impacts the Binder County DWI Court, including examples of his behavior.

As opposed to most informants, Yvonne Kemper believes that Binder County sense of understanding and level of non-punitive practices is excessive. Yvonne is a treatment provider involved in a nearby county treatment court and mentioned that she prefers treatment court to be

a “little bit more official because it’s court and you don’t want it to be therapy, and so there it started to almost feel like therapy and that’s not what it’s supposed to be.” Nikki agreed with Yvonne’s comment and added that the Judge acting so friendly may “get lost in (the) role.” Overall, Yvonne had a few concerns about the “slight casualness,” but also appreciated that Binder County DWI Court’s results and agreed that “their results are really good (and) their recidivism is really low.” Nikki would have preferred more formality at court and mentioned that the judge’s style was a “little too casual” for her taste. The following section will also discuss her concerns and Judge Lee’s involvement in Binder County DWI Court.

Binder County DWI Court and Judge Lee

All informants agreed that Judge Lee is an integral reason for the success of Binder County DWI Court. These less-punitive practices are evident through the judge’s words and actions. For example, one of Judge Lee’s most commonly used phrases when speaking to participants is “I have no rocks to throw at you”, meaning he is not there to punish the participant. Yvonne agreed and said, “I liked how personable the judge was, and how he knows a little bit about everybody. So, I think that makes people feel quite important.”

During observations of court, Judge Lee led the courtroom in a round of applause for the participants, both at the beginning and conclusion of the court-sessions. He explained in an interview that the clapping was to “show encouragement and positivity.” I also observed that he did not wear his robe, nor did he stay at the bench during court sessions. Yvonne said she preferred her County formality and likes “the judge sitting behind the pulpit.” Nikki agreed with Yvonne that court should be “taken more seriously.” Nikki also noticed the Judge was physically lower than the participant, and said she preferred him to be at equal levels. Overall, Yvonne and Nikki had concerns regarding Judge Lee’s casualness, but struggled to clearly explain why that was a negative thing. “It could be more easily taken as a joke,” Nikki said. As

for where he stands, Judge said that he has tried several different placements, starting at the bench, trying a stool, and currently prefers to lean against a table or chair of some sort. While 100% of the informants involved in this study agreed that Judge Lee being an integral part of the success of Binder County DWI Court, 20% had concerns over the lack of formality. Binder County DWI Court allows participants to arrive late or leave early depending on needs and prior approval. While most informants perceived the flexibility as a positive, it can also be seen as a disruption. Nikki even, “perceived it as rude and disruptive.”

I observed that Judge Lee spent a minimal amount of time discussing sanctions. While most informants liked this fact, Yvonne thought it should be a bigger deal when being sanctioned. She also believed that a participant advancing levels should be more of a celebration. All informants agreed that Judge Lee genuinely cared about the participants as individuals, and not just about success rates or statistics. Nikki stated, “I did like the collaboration (and how he) kept saying ‘problem solving’.” He also showed his willingness to work with the participants by asking them how he could help, or what the court could do to assist. Nikki also “loved” that the Judge verbally recognizing the importance of a person’s environment. Yvonne and Nikki also stated that his compassion for the participants was also evident by his response to individuals who were not advancing through the program. Rather than showing disappointment, Judge Lee often responded with patient, understanding encouraging statements such as, “We’ll figure it out, we’ve got time.”

Binder County DWI Court and Motivation

Binder County DWI Court uses motivational techniques to encourage positive change. According to the document *Process, Outcome, and Cost Evaluation* rewards and sanctions must be personalized to truly motivate participants (Zil et al., 2014, Binder County DWI Court’s individualized program used an interview to distinguish what values and

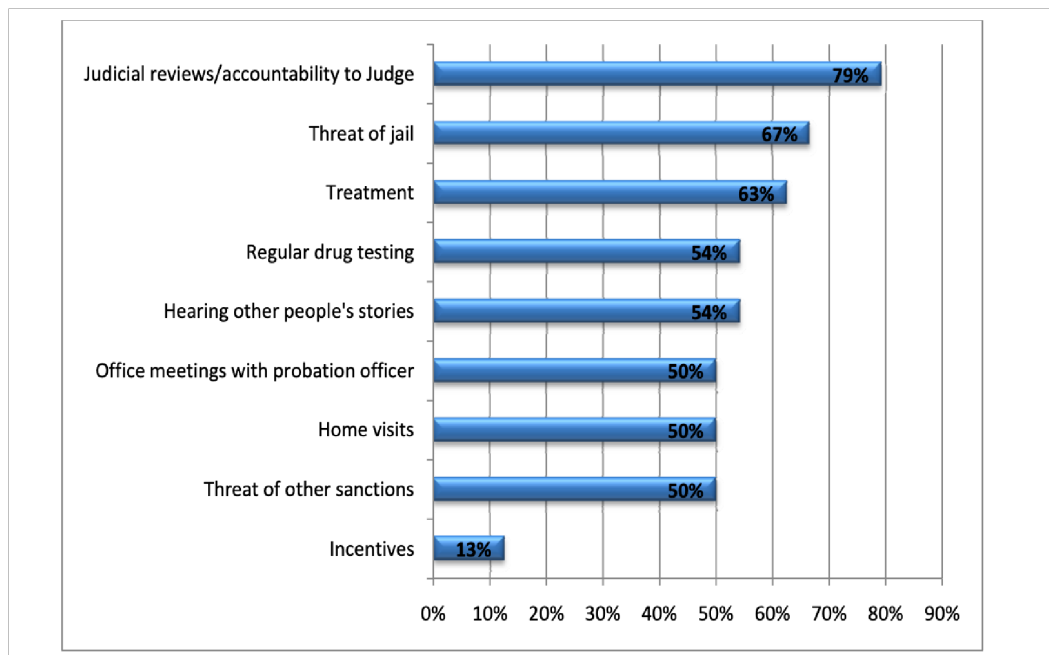
relationships motivate each participant. The document also indicated that Binder County DWI Court followed recommendations made by industry experts and executed the rewards and sanctions in a “timely manner” (Zil et al., 2014, p. 20).

Figure 6 below shows results of a survey done by Weidner in 2011. Participants were asked what factors of Binder County DWI Court were helpful? And the most common response was “judicial reviews and accountability to judge.” This confirms that participants appreciate being held accountable, and the relationship with the Judge. The survey results also explained that on the other end of the spectrum, “incentives” were much less popular at only 13 percent. This particular survey would suggest that accountability is more motivating than incentives.

Binder County DWI Court provided both tangible and intangible rewards and sanctions. It is also interesting to note the list of rewards is much longer compared to the sanctions. These rewards and sanctions are specific, results-oriented, and timely. Most commonly used rewards include grocery or gas gift cards, while most used sanctions are requiring more community service, or increased supervision such as drug-testing, curfew, etc.

Figure 6

“Percentage of Respondents Indicating a Feature of the Court was Helpful”



Note. From Weidner, R. R. (2011). *Process evaluation of DWI Court Program*. Center for Community and Regional Research.

Community Service

As an alternative to more punitive-based practices such as jail time, it is a requirement of Binder County DWI Court that all participants do community service. The *Process, Outcome, and Cost Evaluation* revealed that participants may complete additional community service in lieu of paying fines on a case-by-case basis (Zil et al., 2014). The community service must be approved by a member of Binder County DWI Court. Participants may ask probation officers and other members of the team for help finding volunteer opportunities. However, they are responsible for making the initial contact, scheduling hours, and completing the work.

According to Binder County DWI Court manual of 2019, one hour of community service was equivalent to \$10 in court fees. Increased community service is used as a sanction. Other

sanctions that were less punitive than executing sentences including retracting phase advancements, or increased supervision through monitoring, drug tests, etc. (see table 5).

Personalized Treatment

Another way that Binder County DWI Court implemented a less punitive program is by assuring that treatment is individualized. Discussions among team members during team meetings referenced recommendations made by the Minnesota Department of Human Services. Binder County DWI Court to be flexible to fit the needs of multiple patients (Minnesota Department of Human Services, 2017). According to my observations, professionals in the field, such as substance use counselors, authors, detox center employees, and probation officers, often try to simplify the complexity of addiction by grouping all people with addiction into the same category, and/or providing them with similar, if not identical, treatment. Rather than classifying addicts into a group, those from Binder County DWI Court recognize the complexity of addiction, and gain knowledge of the individual's values and motivation, so they can better understand the person's behavior. Ava said that some treatment centers, "cater to professions in nursing or law, which are notorious for substance abuse."

The team members of Binder County DWI Court continuously learn about multiple treatment practices, so they can offer more information to help the participant choose the best program for their values and needs and encourage policy makers to create policies accordingly. Binder County DWI Court has moved away from a one-size fits all approach and toward a personalized model.

As Judge Lee stated:

We, like most jurisdictions, have historically had a one-size fits all approach to first offense DWI sentencing. Each person is given nearly the exact same sentence. Yet we know that not all of those arrested for the same offense present with the same treatment

needs. We know that if we miss the mark, whether by mandating more or less intervention than necessary, we can actually make matters worse for people.

Through observing team meetings and court hearings, rewards and sanctions are determined based on an individual's specific plan. This is another way that Judge Lee and other members of Binder County DWI Court ensure an individualized plan. Instead of offering the same rewards and sanctions to all participants, the program develops an understanding of each participant's values and motivators, crafting appropriate rewards and sanctions. In addition, the participant's requirements for the program and advancement are specialized. Services that may be incorporated for participants include therapy for mental health concerns, substance use treatment, education, and auxiliary services. For example, one participant was connected to housing services and food assistance. While this is not a consistent area of assistance, Binder County DWI Court aims for each individual to have a comprehensive approach toward health. For example, Breanna says, "Our partners at [a local organization in Binder County] do food delivery every Sunday for people who don't have enough food resources."

Binder County DWI Court aims to follow industry recommendations that treatment courts be especially cognizant of participant's cultural needs and differences. I have seen firsthand from observing meetings and court hearings, that Judge Lee and staff are sensitive to participants and embrace diversity. In the same way that people have diverse needs than each other, individuals have different needs throughout their recovery journey. It is also understood at Binder County DWI Court, that one approach may work for someone the first time, it does not mean it will work again.

Therapies

Judge Lee also explained that Binder County DWI Court offers multiple modalities of therapy to program participants based on individual need. The Judge and court believe that it is important that therapy is individualized in this way because substance abuse has a wide range of symptoms. Some modalities of therapy offered for program participants include group therapy, family therapy, couple/marital therapy, talk therapy, and behavior therapy. The use of cognitive behavioral therapy and dialectical behavioral therapy are increasing as a form of education. Cognitive behavioral therapy focuses on reconstructing automatic thoughts. It also aims to identify and change negative thinking, which is evident to produce more positive behavior. Dialectical behavior therapy is a form of cognitive behavioral therapy but focuses on changing unhelpful behavior with an emphasis on mindfulness.

Substance Abuse Treatment

According to Binder County DWI Court 2019 manual, Binder County DWI Court matches program participants to the least restrictive treatment setting for their needs. The highest level of care includes detox. Detox is often a first step in the treatment process to provide medically managed care while the substance leaves the individuals system. The next level of care is inpatient, where participant's live for some time, most commonly, 30 days. After completing inpatient, the individual may move to an outpatient facility. Outpatient treatment can vary from a few hours a week to multiple hours per day. At Binder County DWI Court, the level of care that a participant is assigned varies by program and participant depending on the severity of the abuse; an individual may begin treatment at an outpatient level, or they may need detox first. Barriers such as not being able to take 30 days off work may also require an individual to try outpatient before inpatient.

All the informants agreed that it is common for people to choose their treatment program based on bed availability, and still there is often a waitlist. Cheryl, a worker in healthcare states, “You kind of just pick, and you call your insurance and find out what they cover and then you call them, and you see if they have an opening.” Jenny agreed it was especially difficult to find a bed, much less a program that aligned with values. She also believes that having state insurance made it even more difficult:

So, it was a really troublesome process because like me she has the state insurance and there are just no resources out there to know which places take it and which don't. So that day I spent all day like calling around trying to get lists or a place to get resources of places you could get in. Cause then the ones that did take her insurance, it was like several, many weeks to get in, which was hard because when someone wants, has their mind made up, like you need to move on that before they change their mind.

Nia agreed and stated, “detox is the best place to get into treatment...I think it expedites the process.” This is unfortunate because research shows that better treatment outcomes occur when people who abuse AoD can choose their program based on their values and needs. A document also stated that there is a lack of culturally responsive services that align with the values and needs of minority groups (Substance Abuse and Mental Health Services Administration, 2015b).

Yoga and Mindfulness

In response to evidence-based studies that find benefits to yoga and mindfulness, Binder County DWI Court follows this recommendation and encourages exercises such as meditation and yoga to increase mindfulness. Multiple studies have shown the benefits of yoga to improve mental health. Binder County DWI Court believes the positive influence that yoga has on mental and physical health is beneficial to treatment court participants, as many people with substance use disorders have neglected these areas of health.

The yoga program at Binder County DWI Court is called “Experience Well-Being Amidst the Difficulties of Life”. According to the handout, *Yoga for Posttraumatic Stress Disorder*, the course supports participant’s well-being through trauma-informed yoga that incorporates somatic experiencing, breath work, meditation, and relaxation techniques. Somatic exercises are often used for trauma-informed services because it aims to connect the well-being of the mind and body. By labeling feelings, exploring various postures, and using direct mindfulness, participants can develop a greater mind-body connection, and in turn, begin to regulate the nervous system. Program participants who attend 12 consecutive sessions are eligible for 3 months off of probation.

According to Richelle, participants have responded well to this program. There was a significant increase in self-reported practices of mindfulness. Informant Breanna Pederson shared data collected from February 2019 to June 2019 about the yoga program. This data showed that most participants went from practicing mindfulness “almost never” at week one, to practicing mindfulness “daily” by the end of the 12 weeks. Additionally, participants reported an increase in feelings of safety and wellness. Most participants found that yoga, breathing practices, meditation, and mindfulness supported their recovery.

Education and Auxiliary Services

All the informants agreed that an important aspect of the non-punitive approach involves Binder County DWI Court providing education for some participants. Program participants are referred to appropriate educational resources on a case-by-case basis. Some were assigned to learn the basics around addiction and substances, while others may need more trauma-informed education about posttraumatic stress syndrome and its effects on the brain. Education needed to assist with job employment is also available on a case-by-case basis.

In addition to food and job assistance, therapy and education, there are endless auxiliary services that Binder County DWI Court makes available to program participants. For example, Yvonne stated that a participant who needed transportation assistance was given a bus pass to assist. All informants agreed that these auxiliary services are essential in supporting the sobriety and program success of participants. Some services include but are not limited to self-help, life coaching, weight loss, obtaining a driver license, paying fines, job training, housing, etc. The participant is matched to appropriate programming and services on a case-by-case basis, but both Judge Lee and Yvonne agree that housing needs to come first. Yvonne said,

Some people [are] living on the street... They don't have food and they don't have a home. And then how, how do you, how do you recover? That's why I really believe in housing first. House somebody, stably house somebody, and then deal with the rest. And I know it works in the DWI court. We had one person who had not been stably housed since he was 15. Now he has a job. He got this housing, and a job, and all new teeth.

Relationship with Judge and Other Team Members

One of the most popular rewards at Binder County DWI Court is lunch with a team member of the participant's choosing. The relationship between the participants and the team (including Judge Lee) is a motivating factor for some individuals. In addition to the positive and understanding attitudes of the team members, Judge Lee makes it a point to show the participants an extra level of respect. He is very personable: speaking directly to the participant rather than the team and asking several follow-up questions about everyone's personal life. Yvonne noted that "he knows a little bit about everybody." For example, after a participant had been granted permission to attend a bachelorette party (approval was needed due to the likelihood that the event would have AoD), Judge Lee asked her how it went and what the biggest challenges were.

He also asks a variation of the question, “What could we do to help?” or “What are we missing?” to each individual. According to 100% of informants, the relationship between Judge Lee and participants is unique and an important part of the success of Binder County DWI Court. On one occasion, I observed Judge Lee offering to pay a small court fee for a participant.

Binder County DWI Court Offers Integrated Services

The second finding of my study is that the offering of an integrated approach is essential to the success of Binder County DWI Court. As seen through observations, document analysis, and interviews, each participant in Binder County DWI Court is monitored by the Binder County DWI Court Team, which consists of a judge, a program coordinator, probation officers, attorneys, treatment staff, and law enforcement. The team meets weekly before court sessions to review cases and make collaborative decisions before Judge Lee presents the team’s decision to the participants. As Judge Lee stated in a document about the court’s teamwork approach, “It is super cool because it is a team, it’s not just me. It’s a team of people working together to make this happen.”

According to all informants, an integral success factor of the Binder County DWI Court is the multiple sources of assistance available to participants. Each of these services are essential because they allow the team to address every individualized need. If a new service is needed, the Binder County DWI Court team does its best to find a provider who follows evidence-based practices to provide helpful services. According to Yvonne, another participant was assisted with getting “all new teeth.”

According to the documents analyzed such *Process evaluation of the Binder County DWI Court Program*, *Binder County DWI Court Manual*, and *The Process, Outcome, and Cost Evaluation*, the team includes but is not limited to, prosecutor, defender, probation officers, sheriff, sergeant, director of treatment, court administrators, behavioral counselors, and

community members who assist with employment, housing, transportation, finances, medical needs, and more. Judge Lee says that collaboration between all members is essential and it is important to keep each team member involved, motivated, and appreciated. As discussed in team meetings, collaboration is done through supervision such as GPS tracking, drug testing, community service work, treatment requirements, court fees and fines, all integrated in an internet-based tracking system or database. Informants said that communication among team members is especially important when vital team members are cooperating among many industries and organizations. In addition, Richelle believes that each team member understanding the DWI process from arrest to resolve of case, allows for better collaboration and more effective resources.

According to Judge Lee, Binder County DWI Court intervenes and offers this support when people who abuse AoD may be most amenable to assistance. Working together, the team can help program participants achieve sobriety, get a job, support their family financially and emotionally, become a more responsible member of the community, and break the cycle of repeat offenses, and generational issues. As evident from team meetings, the integration of services can be chaotic. Breanna explains, there are “endless spokes to this wheel and new evidence will continuously change” the necessary services and programs. Judge Lee has stated, “We’re trying really hard to do the right thing. Our team knows the research, knows the best practices. We’ve brought in trainers from around the country” (“Binder County”, 2018) because it has been shown that drug courts where team members receive formal orientation and training have lower recidivism. Judge Lee also aims to aid at times and locations that are convenient for the participants. For example, prior to COVID-19, yoga class was held before court on Fridays and was very well attended.

The document *Process Evaluation of DWI Court Program* showed that many participants of Binder County DWI Court appreciate the support and respect that they receive. In response to the question, “What do you like most about Binder County DWI Court?” participants stated: “The help and support I’ve [received] in re-building my life;” “The support. Having people stand by me, care for me, and how they are proud. I have been helped so much;” “The respect of the staff. They don’t look at you like a problem to society, but that your (sic) part of society with a problem and are willing to help you with it;” and “The supportive atmosphere of the team. Treat you with respect and seem genuine in their support. The judge treats me with mutual respect because he sees we are trying to lead a better life” (Weidner, 2011, p. 29).

The next section was difficult to organize because the goals of the team members intersect at so many points. For example, probation officers are an integral factor in the program. They are assigned by the legal department, but they are at the same time, most certainly part of the community, and they work alongside treatment providers. In this instance, I based placement on most of the work activities done for Binder County DWI Court. For example, probation officers and police officers are typically considered members of the community, but for the purpose of this study, I have included them in the legal portion since they are a legal aspect from the participant's point of view. For this reason, the judge, attorneys, probation officers, and police officers are grouped into the legal category, most auxiliary services will be organized to the community section, and the treatment category will include those under treatment providers.

Treatment Services

As made evident through Judge’s most used phrases, he and Binder County DWI Court understands that addiction is a chronic, yet treatable brain disease, and utilizes evidence-based treatment that contributes to the success of the program. According to Tracy, one challenge that occurs both during and after treatment, is the triggers and cravings program participants

experience. All informants agree it is critical for treatment to include Recovery Support Services that teaches individuals how to recognize, avoid, and cope with triggers. According to the *Process Evaluation of DWI Court Program*, the treatment providers are responsible for coordinating communication between treatment agencies, and reporting progress to the team at court sessions, team meetings, and in between such occurrences electronically or verbally (Weidner, 2011). Judge Lee believes that treatment providers are an essential part of success and expects them to provide updates on participants in a timely manner.

According to the 2019 Binder County DWI Court manual, all treatment providers that partner with Binder County DWI Court agree to use evidence-based therapy and education as needed. For example, a treatment provider may require education on the long-term effects of substance use and/or certain therapy based on the individual's issues and experiences. Judge Lee explains that treatment providers are tasked with determining what therapy and education everyone requires to advance through each phase of the program. Treatment providers are also responsible for providing adequate substance abuse treatment for a variety of AoD, including cooccurrences such as mental health disorders. In addition, behavioral issues such as gambling, lying, and cheating, need to be addressed alongside the substance abuse. Treatment at Binder County DWI Court teaches cognitive skills to help the participant adjust attitudes. Therapy is used to treat underlying concerns that originally led to the substance abuse, such as childhood trauma. Judge Lee appreciates the significant challenges and requirements put on treatment providers within Binder County DWI Court. He stated:

I think of all the many, many hours folks on our team have devoted to this endeavor... treatment teaching us, constantly teaching us, about this disease and the complex responses required. Therapy, challenging us to understand mental health and to see our folks as whole people: responsible and capable.

Judge Lee says that treatment providers are tasked with providing treatment for individuals with culturally specific needs such as individuals with a hearing disability or individuals who do not speak English as their first language. Treatment providers also provide a necessary link between a participant and the community including family, friends, support groups, and other secondary services. According to many informants including Nikki, family members appreciate this communication, as family members often feel judged by unsympathetic health care professionals.

Legal Services

When observing team meetings and court, I was reminded that the objective is ultimately legal. Judge Lee says that involving the legal team ensures that all parties have the same goals. The judge, attorneys, court administrator, court reporter, program coordinator, and law enforcement all work together to offer the participant individualized care. Informant Judge Lee stated that Binder County DWI Court, which he helped launch in 2008, generally has the highest treatment court graduation rate: between 86 and 90%.

Mediation Role of Judges

According to Judge Lee, Judges have taken the lead to convene emergency “summits” and to create state, regional and local Opioid Task Forces. These task forces are tasked with studying the problems in their communities, to craft targeted responses, and aiming to utilize all helpful resources that are available.

According to the *Process, Outcome, and Cost Evaluation*, programs with judges who had been working in the court’s program for at least two years “had the most positive outcomes” (Zil et al., 2014, p. 24). The *Process, Outcome, and Cost Evaluation* also stated that Judge Lee’s “experience and longevity are correlated with more positive participant outcomes and monetary savings” (Finigan et al., 2007 as cited in Zil, 2014, p. 24). Again, Judge Lee is following

recommendations made by evidence-based research of 69 drug courts across the United States showed that programs in which the Judge spent at least 3 minutes of face-to-face discussion during court had greater success and monetary savings (Zil et al., 2014). The *Process, Outcome, and Cost Evaluation* found Judge Lee's time with program participants varied widely by participant and day. On average, Judge Lee spent three and a half minutes with each participant. It is important to note that the structure of treatment courts often requires less contact in the later phases of the program. As can be seen from Binder County DWI Court's 2019 manual, the program requires weekly court contact during Phase One (Stabilization), while Phase Six (Graduate Status) only requires court visits every six months. Accordingly, monitoring such as curfew, off-site monitoring, home/work visits, and urine analysis also declines as a participant advances through the phases. From my observations, Judge Lee acts as a mediator to develop and maintain resources and improve collaboration between the many working parts.

Complex Roles of Attorneys

According to Richelle Reid, the DWI Court Coordinator at Binder County DWI Court, approximately 75% of the participants are represented by the public defenders. According to Nikki, the role of the attorneys is complex, both unusual and essential in this process. In the document *History of Specialty Courts*, one of Binder County DWI Court's attorneys describes the program as follows: "[Binder County DWI Court] is much different than most other things I do as a prosecutor, seeing the positive change this process has on people's lives, right before your eyes in an incredibly rewarding thing to be a part of" (Ward, n.d.). The *Process, Outcome, and Cost Evaluation* shows that programs with defense attorneys have a 93% increase in cost savings (Zil et al., 2014). Judge Lee says that Binder County DWI Court expects both the prosecutors and defenders to attend staff meetings and court sessions and to have the goal of providing support to develop law-abiding parts of society. The legal team, like all team

members, are expected to shield clients from ineffective care and to create incentives that will motivate positive social behavior. According to Judge Lee, the people who make up the legal prong are expected to stay knowledgeable and up to date on cultural issues that may impact the community, as well as the latest research on addiction and substance abuse.

Law Enforcement Collaboration

Binder County DWI Court includes probation officers, the local police department, sheriff, and state patrol. Binder County DWI Court follows the recommendations made by the National Judicial Opioid Task Force to include law enforcement on the treatment court team. In addition to requiring compromise and collaboration, law enforcement is also expected to educate peers, colleagues, and the community on the effectiveness of treatment courts.

Breanna believes for the team to be successful; each team member must be collaborative and be willing to change according to evidence-based studies. The success rate of Binder County DWI Court would not be as high if it were not for the involvement of the legal community and local law enforcement. Each role has been analyzed in past reports, so the tasks, job description, requirements, etc. are well documented in both *Process evaluation of the Binder County DWI Court Program* and *The Process, Outcome, and Cost Evaluation*. Probation officers have a case management role, and are expected to assess participants' needs including familial, medical, employment, housing, transportation, finances, and medical. Probation officers are also responsible for the initial assessment needed to formulate a comprehensive, individualized case plan that includes goals, methods for meeting the goals, and target dates. Probation officers also lead the staff meetings at Binder County DWI Court as seen through observations. The court coordinators work closely with the probation officers and assist as needed in auxiliary services such as driver's license reinstatement and employment. Probation

officers also have continuous communication with attorneys and other colleagues in law enforcement.

Community Training

Community training is another service Binder County provides as a part of the DWI program. As seen evident at each court hearing, Binder County DWI Court is engaged in a broad range of approaches to be involved in the community. A portion of the court is dedicated to making community announcements such as job openings, volunteer options, and other opportunities. Binder County DWI Court has created a local task force that identifies risks and establishes strategic addiction screening, incorporates treatment courts and participants in community activities, and taking care of children and families through court and child welfare programs. In addition to the general involvement in the community, Binder County DWI Court provides information and training to people in the communities including advocates, public policy makers, community members, and more.

Tracy, who works for an Addiction Prevention and Mental Health Technology Transfer Center, says:

Our mission is really to bring technical assistance in the way of evidence-based practices to the behavioral healthcare workforce. So that means training and resources and Substance Abuse and Mental Health Services Administration (SAMHSA) funds us so that we can provide the trainings at no cost to the communities that ask for them. So, it is a way for providers to build in, and, and those evidence-based practices without incurring an extra cost.

Funds and resources such as these are available from a variety of funding agencies including Substance Abuse and Mental Health Services Administration (SAMHSA).

Additionally, Binder County DWI Court extends its service to children in the community. According to the 2019 manual, Binder County DWI Court works to coordinate services across multiple agencies to help families as needed on a case-by-case basis but is not considered a leader in involving children in the program. All informants agree, to break the cycle of trauma and addiction, the needs of children must be addressed, and they must be placed in a safe and stable environment. Coordinating services to address needs of families including infants is important to appropriately implement the provisions of the Child Abuse and Prevention Treatment Act.

Besides training its community and extending its service to children, Binder County also provides peer support. According to Judge Lee and Richelle Reid, peer support is an essential part of Binder County DWI Court. Peer support can include support groups led by peers and prosocial activities enjoyed among peers. Tracy believes that one of the greatest benefits of peer support is universality, where people learn that they are not alone in the struggle. Peer support allows people in recovery to share their story among other individuals who understand on a personal level. The most common peer support group includes Alcoholics Anonymous. Alcoholics Anonymous has been around for nearly eighty years, demonstrating how important peer support is for recovery.

According to the 2019 Binder County DWI Court's manual, prosocial activities encouraged by Binder County DWI Court include yoga, mindfulness training, bowling, painting classes, picnics, beach clean-ups, volunteer events, walks along the lake, scrapbooking, and game nights. Since COVID-19, prosocial activities have been limited. However, Binder County DWI Court has been discussing prosocial activities that allow social distancing and follow safety recommendations such as biking, walking, yoga/meditation, and hiking.

Binder County DWI Court Invests in Staff Training

The third theme that emerged from the data collection on the singularity of the practices used by Binder County in its treatment of DWI recidivism was staff training. The program has a higher success rate of graduation and offers patience and understanding to participants through the process. This education includes role-specific training as well as training on treatment courts including the collaborative and non-adversarial format of courts and the science related to addiction and recovery. According to the *Process, Outcome, and Cost Evaluation*:

... drug court programs requiring all new hires to complete formal training or orientation and requiring all drug court team members to be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

(Carey et al., 2008; 2012 as cited in Zil et al., 2014, p. 28)

Binder County DWI Court invests time and resources on training for all staff and is dedicated to educating team members on a regular basis. In addition to team members having adequate training, the *Process, Outcome, and Cost Evaluation* stated that team members must also be willing to “adopt the balanced and strength-based philosophy” of the court (Zil et al., 2014, p. 27). The *Process, Outcome, and Cost Evaluation* also show that for a program to be successful, all team members must “receive ongoing training and technical assistance and be committed to the quality assurance process” (Zil et al., 2014, p. 28).

Binder County DWI Court has attempted to train all members as soon as possible once they join the team. At Binder County DWI Court, new hires must complete onboard online training, onboard on-site training, and formal substance abuse training including being trained as trauma informed. In addition to the initial new hire training, team members are provided ongoing training online or in-person between conferences and training workshops.

Several team members have attended numerous local and state conferences and trainings specific to drug court and/or the DWI court model. Some have also received training specific to their roles and strength-based philosophy and practices. Binder County DWI Court also trains team members to be trauma informed. According to Judge Lee, this is crucial for the success of the program, as a substantial percentage of participants have experienced trauma. According to informant Breanna Pederson, 68% of Binder County DWI Court participants have experienced violence or trauma. Likely, Binder County DWI Court has extended the training of its staff to such issues of trauma-informed care and use of yoga.

Trauma-Informed

All informants agree the education that Binder County DWI Court team members receive on trauma-informed care makes the program different from many other treatment courts.

According to Yvonne:

Here's the deal. You take away one, another, one is going to come up. So absolutely even in DWI court and you get taken for a DWI, you can't drink, right? Guarantee something else is gonna rise to the occasion and you're going to have to address it... Because that is how this works... We do have to recognize that behind all of that is a lot of trauma. Being that more than half of the program participants have experienced trauma, Binder County DWI Court tries to implement trauma-informed care in all aspects of the program. This includes adapting the program to offer trauma-informed yoga, mindfulness and cognitive training, and judges.

According to informants, Binder County DWI Court utilizes the following resources most often:

Dr. Wilson at beingti.com, National Association of Drug Court Professionals at

<https://www.nadcp.org/>, and Minnesota Medical Association at MNMED.org/painseries.

The majority of Binder County DWI Court program participants reported at least one Adverse Childhood Experience. All informants agree that the team being trauma-informed is beneficial. Binder County DWI Court employs a court coordinator who oversees the activity of the team, conducts client data, and does quality assurance to ensure the court is using best practices. Richelle explains that the court coordinator is involved in team decisions such as participant selection and adjusting incentives and sanctions. Additionally, the court coordinator plays a role in selecting the Binder County DWI Court team members and keeps them up to date on training. This ongoing education includes the training required for team members to become trauma informed. This allows for Binder County DWI Court's team members to make better and more collaborative decisions, since they all have the same trauma training, and understand the need for supportive environments. I observed the team members focusing on positive growth and applauding participants' progress on numerous occasions.

Trauma-Informed Judge at Binder County DWI Court

Judge Lee was frustrated with the high recidivism rate among the DWI cases. "It seemed like we weren't making a difference," he said, "It seemed like everything was a script: You just do it the same way each time, then scratch your head or blame the person...for not getting it". This frustration led to curiosity as he studied addiction, the brain, mental wellness, and motivational concepts. Now, he has been a judge for Binder County DWI Court since its inception in 2008 and is able to boast the highest graduation rate of any treatment court in the state at 86%. Judge Lee has since then been trained on trauma-informed practices. Judge Lee understands the implications of trauma and how to make the environment safe and conducive to recovery. Not only does he incorporate the trauma-informed recommendations throughout every aspect of the program, but he also speaks at training events nationwide to inform other professionals.

Instead of a one-size-fits-all approach, Judge Lee says he tailors his approach to the individual's needs. He recognizes that each participant has experienced unique traumas and has unique issues. Therefore, each participant has individualized incentives, goals, and plans. Judge Lee believes that program participants should work from their frontal lobe as opposed to working from a more emotional and reactive state of mind. *Trauma Informed Treatment Courts* suggested to start meetings with a form of grounding to encourage participants to work from a regulated point (Wilson & Floerke, 2020). An example of a grounding technique used at Binder County DWI Court is to bring awareness to the sensations or things around you. Judge Lee or another leader will invite participants to look around the room to find something blue, then brown, then orange; this may be followed with inviting the clients to notice the weight of their feet on the floor, or the weight of their body pushing into the chair. Similarly, regulation can be achieved through other activities that bring one's awareness to the present moment such as yoga, meditation, or breathing exercises. In *Trauma Informed Treatment Courts*, Judge Lee suggested to "bring [participants] back to connection with curiosity" when they become dysregulated (Wilson & Floerke, 2020).

Another way to encourage participants to work from a regulated state of mind is to start meetings with a form of connection. In *Trauma Informed Treatment Courts*, Judge Lee stated that the "opposite of addiction is connection" (Wilson & Floerke, 2020). Judge Lee incorporates trauma-informed practices by asking questions that show sincere curiosity. According to informant Judge Lee, being curious allows for necessary connection to be made. He does not approve of the separation between him and program participants. In an interview he stated, "There's so much 'us and them' in our society." Instead, he aims to make a connection with participants and asks personal questions about the participants lives outside of the courtroom.

Before court begins, Judge Lee arrives early to mingle with and welcome the participants.

According to him, the most powerful part is the connection being made before court even starts.

Judge Lee also encourages connection through nonverbal behavior. Nonverbal behavior used by Judge Lee that is conducive to connection includes active listening, tone of voice, smiling, and offering what Judge Lee calls “soft eyes.” Informant Judge Lee stated that soft eyes say “I’m safe. I’m really listening. I’m really here with you”. Lastly, Judge Lee does not wear a robe anymore, nor does he stand at the bench. He shared that his choice of attire and positioning is all about safety to share: “(with) no safety, (there is) no growth.” He also shared that he has tried several different positions and “moved and moved and moved to make it a more open, safe, level environment.”

Other important aspects of the court’s trauma-informed approach include transparency, giving options, and offering breaks. Judge Lee suggests that the team be transparent about goals and consequences and offer explanations as to why things are required. He said that participants appreciate this and often think, “well at least I know why”. Judge Lee stated that “trauma does not allow control”. For this reason, he suggests giving participants options as a way for them to regain their sense of control. For example, the Judge may allow participants to choose between a writing assignment, jail time, and community service. Lastly, Judge Lee trains other team members to offer breaks to program participants, and to teach by example by taking breaks themselves. I observed him requesting participants to take a couple of breaths when he sensed they were feeling overwhelmed.

Lastly, Judge Lee says he intentionally acts in a nonjudgmental, destigmatizing way. Rather than the typical stern punishment, or setting of shame, there is a culture of understanding and a focus on success. Judge Lee shows sincere understanding by verbally recognizing the

participants success and struggles. When participants slip up, he says he, “meets them with curiosity; first by recognizing the participants success thus far, followed by a question about what happened.” He goes on to explain that relapse can often be shameful and embarrassing, but he aims to respond in an empathetic way. He understands that relapse is a part of the disease, thanks participants for their honesty, and assures the participants that together, they will figure things out. A common phrase used by Judge Lee is, “I got no rocks to throw at you,” signifying that this is a safe place. Another commonly used phrase to signal non-judgment is, “no shame coming from here.”

Conclusion

The purpose of this study was to identify the strategies that Binder County DWI Court used to reduce Driving While Intoxicated (DWI) recidivism. It also sought the features of those strategies that might be worth duplicating and adapting by other treatment courts. First, Binder County DWI Court is less punitive than other treatment courts. How Binder County DWI Court uses motivation, community support, and other crucial aspects to provide a less punitive program was discussed. Secondly, Binder County DWI Court utilizes a team approach that enables participants to succeed. The team approach was analyzed and the collaboration between treatment, legal and community services was examined and presented. The third and final finding discussed the fact that all Binder County DWI Court staff members are well-educated and, specifically, participate and utilize trauma-informed training.

CHAPTER FIVE: THEORETICAL ANALYSIS

This study sought to identify the mechanisms, which a DWI (Driving While Intoxicated) Court within Binder County utilized to reduce recidivism. I intended to explore Binder County successful treatment-based intensive supervision program. It also examined the elements of those mechanisms that can be adaptable in other treatment courts. Using path dependency theory (Kingdom, 1998)) and motivation theory (Lakoff, 2002), this chapter analyzes the three major findings of this study: (a) Binder County DWI Court as a less punitive program; (b) Binder County offers integrated services; (c) Binder County DWI Court invests in staff training. First, I examine how path dependency theory sheds some light on understanding the less punitive measures that are utilized.

Binder County DWI Court: Less Punitive Practices and Path Dependency

Findings of this study revealed that the leniency of the methods used by the Binder County DWI Court contrasted with the old practices of jailing participants. As opposed to traditional practices of dealing with DWI recidivists, which include mandatory jail time, cutoff from resources, and isolation, Binder County DWI Court uses more compassionate measures. This study showed that the measures used by Binder program are less confrontational practices, while fostering motivational techniques. The study showed that Judge Lee is a key player who initiated and implemented those lenient practices, which include incentive rewards for good behaviors, community service instead of jail time, a personalized treatment, individualized therapies, treatment for substance abuse, and yoga and mindfulness practices. Research also revealed that Binder County DWI Court relies on recommendations from experts in the industry as it strives to execute its lenient sanctions in a timely manner (Zil et al., 2014). Utilizing evidence-based practices including trauma-informed care, Binder County DWI Court aims to find and implement up-to-date scientific findings such as encouraging peer support, or

prioritizing trauma-information. By individualizing therapies and personalizing the treatment of its participants, the Binder County program engages their individual histories while promoting change of paths through positive feedback.

Likewise, path dependency (1998) theory states that people are often stuck by existing structures and institutions' history and will therefore follow such established paths, making non-incremental change difficult and unlikely to occur. According to Kingdon's (1998) theory, America is the way it is now because of the way it began. Early events of American history have resulted in gradual changes that have led us to the present situation of criminalization and punitive efforts toward people who abuse AoD. For example, since the War on Drugs began in the 70s, people with substance use disorders have been assumed morally inferior and treated punitively rather than therapeutically. America, especially American policy, must be open to making changes as more accurate information becomes available. A good example of path dependency is the 28-day Minnesota Model. According to Tracy Tisdale, the treatment industry uses a basic 28-day model for most treatment programs. While most people assume this is because the 28-day plan has been found to be effective, it is simply how they did it the first few times in Minnesota. This is a perfect example of how society can get stuck doing something one way, even if it is not the most effective or efficient process.

In the past, the treatment provided by the Binder DWI Court was criteria-based and did not aim to treat the whole person. Now, scientific findings have shown that holistic services are needed to offer the best chance of successful treatment. Kingdon's (1998) theory argues that path dependency is to blame for the delayed adjustments in America's policies. On the other hand, Binder County DWI Court fights the tendency to get stuck in ineffective processes and makes it a priority to adapt to evidence-based practices. Binder County DWI Court is among the first to offer a trauma-informed team aimed at holistic treatment. Whether it is auxiliary

services, help for family members, peer support, or community involvement, Binder County DWI Court is offering more personalized treatment and is having better results.

Recent findings in science and technology that have led to outdated treatment programs, remind us that change is difficult to obtain. The path dependency model supports the evidence-based treatment used in the Binder County's DWI program, as the theory assists in understanding why substance use is currently criminalized and only recently seen as a mental illness. Still in support of the Binder County's DWI program, Barry and colleagues (2018) asked "why so few Americans support this evidence-based policy to combat drug overdose deaths" (p. 1158). According to Barry et al. (2018), one explanation for the lack of support is the ongoing social stigma toward those who use drugs. Kingdon's (1998) theory would argue that reliance on the path dependency would be to blame for the continuous stigma and delayed adjustments in America's policies. This vindicates the practices of Binder County DWI Court that investigate individual participant's history and administer a human treatment based on the current sciences.

In sum, the answer to ineffective processes is to fight the urge to follow path dependency, and instead, appreciate and use evidence-based practices. As summarized in Table 4 below, path dependency theory focuses on continuing historical perspectives, fixed mindset, reluctance to change, and lack of merit data (Kingdon, 1998). By rebuking the tenets of path dependency, path dependency theory fosters the practices of Binder County DWI program, which embrace a focus on effective processes, growth mindset, and data-driven treatment.

Table 4***Path Dependency vs. Binder County DWI Program***

<u>Path Dependency</u>	<u>Binder County</u>
Focus on continuing historical processes	Focus on effective processes
Fixed Mindset	Improvement-Focused and Growth Mindset
Reluctant to change	Eager to improve
Lack of metrics and data	Data-driven

Table 5 below contrasts Binder County DWI Program to a typical treatment center in the United States of America, which still operates according to the path dependency approach. Binder County DWI Court is using an approach that is different in many ways including the language being used, and overall attitudes toward recovery and growth. While most treatment programs have mandatory jail time, Binder County DWI Court allows for continuous growth through treatment, counseling, and positive community encounters. Another major difference is that most of the treatment programs have a one-size fits all approach, while Binder County DWI Court individualizes each program and goals according to the individual participant. Aftercare (ongoing Recovery Support Systems) is also a vital part of Binder County DWI Court's program, as most treatment programs end the support after a participant graduates.

Table 5***Binder County DWI Program vs. Other Treatment Programs***

Binder County DWI Program	Other Treatment Programs
Less and shorter jail sentences	Mandatory jail time
Person-centered language	People referred to by their illness
Community-based	Isolation
Understanding	Shame
Holistic	Reductionist
Personalized Treatment	One-size-fits-all approach
Focus on growth and possibilities	Focus on sanctions and wrong doings
Continuous resources and support	Cutoff from resources if relapse
Ongoing recovery support systems (RSS)	End of program means no more help

Binder County DWI Court and Adaptability

At the inception of Binder County DWI Court, Driving with Care was a program requirement. Driving with Care is a curriculum tailored to repeat DWI offenders that uses “cognitive-behavioral and educational change focus, with recidivism prevention at its core” (Weidner, 2011, p. 10). While this program had good intentions, it was eventually overturned because it did not meet participant needs or align with the mission of Binder County DWI Court. According to Weidner (2011), “all participants had cancelled or suspended drivers’ licenses” (p. 10). Furthermore, the treatment courts mission is abstinence-based (Weidner, 2011) and Driving with Care was often more harm-reducing.

One of the program’s most recent changes was an unplanned response to COVID-19. According to informant Breanna Pederson, Binder County DWI Court’s goal was still “to create

a culture of support [and] connection.” Binder County DWI Court did this by utilizing virtual services, providing technology, offering technological support when possible; focusing on a few key areas (to avoid information overload); offering local resources for essentials needs such as food; and sharing resources about local COVID-19 testing. Breanna also started door delivery of incentive packages with “all kinds of stuff,” Breanna stated, “If someone phases up, we put their certificate in there. I think one of the most meaningful things, more meaningful than any of the items or gift cards that go into those packages, is that Judge personally hand-writes a card.”

Judge Lee also noticed that some participants even seemed to prefer the online meetings and stated:

We've also seen that some of our clients like Zoom court more than they like regular court. Especially our folks with kind of hanging anxiety or maybe trauma histories. I think they've enjoyed being in their own space and court at the same time. Um, it's not working for everybody, but nothing does....One guy was in his truck waiting to pour concrete and he just talked and talked and talked. It was awesome. It was a guy who traditionally is really hard to get any words out. He just talked and talked.

To replace in-person supervision, there were temporarily more on-site visits and tighter curfews. Breanna says. “We weren't able to do UAs and that's a huge part of how we maintain accountability.” Overall, decisions should be based on science-based findings-as they are at Binder County DWI Court. “Men’s Mindfulness” is a specific example of a change to Binder County DWI Court implemented due to the pandemic. Men’s Mindfulness is a substitute to the trauma-informed yoga that was offered in-person prior to COVID-19. It is a gender-specific Zoom meeting that occurs weekly, co-hosted by a trauma-certified yoga instructor and Judge Lee. As Judge Lee is open and adaptable, scientific findings should be used by leaders,

educators, health providers, and even individuals closer to those who abuse substances like family, friends, and other loved ones.

Binder County DWI Court: Integrative Services and Motivation Theory

The findings of this study showed that Judge Lee offers a personalized approach to each participant. This personalized approach is a continuation of the motivational interviewing done during the first phase of the program. Other ways Judge Lee shows support and understanding includes, but is not limited to, clapping for participants during court; focusing more on rewards and success, rather than sanctions; use supportive phrases like “problem-solving” and get to know the participants on a personal level. All the supportive measures the Binder County program took to ensure the wellness of their DWI recidivists align well with the major tenets of motivation theory.

Motivation theory is based on the “law of effect”, the belief that behavior is a function of its consequences. Put simply, when individuals experience a positive consequence following a behavior, they are likely to repeat that behavior. When they experience a negative consequence, they are less likely to repeat that behavior. This is especially problematic when fighting addiction because research shows that “addiction affects parts of the brain involved in reward and motivation, learning and memory, and control over behavior“ (National Institute on Drug Abuse, 2019e).

First, motivational interviewing is used to identify underlying values. Motivational interviewing is a counseling method that encourages people who abuse AoD to address their ambivalence related to change and increase motivation for that change. Motivation theory states that people act according to their motivation and provides insight into how motivation will affect behavior. Like the Center for Motivation and Change’s treatment program, many articles suggest treatment programs that include concepts related to motivation theory (Darker et al., 2016; Kiluk

et al., 2019; Kim et al., 2017; Milloy, 2019; National Institute on Drug Abuse, 2019e; Romero-Rodríguez et al., 2019; Stoddard & Pierce, 2016). Some people may be very motivated by things such as certificates, or verbal recognition, while others would work more effectively towards monetary rewards. Motivational interviewing is the first step to Binder offering a personalized and specialized treatment. The Center for Motivation and Change is a facility in New York working against the current challenges by using “solid evidence-based treatment” (Foote et al., 2014, p. 18). It is a one-of-a-kind in New York, and one of very few of its kind in the United States. The Center for Motivation and Change follows a tripartite program using motivational interviewing, cognitive behavioral therapy techniques, and empowering family and loved ones through a program called Community Reinforcement and Family Training.

Reinforcement theory states that certain behaviors can be encouraged and increased in frequency by offering positive reinforcement (Jun & Fairbairn, 2018). On the other hand, to discourage a certain behavior, a loved one can offer negative reinforcement such as delaying or removing a reward. The Center for Motivation and Change offers practical suggestions for loved ones to stand up for themselves, offer support in non-confrontational ways, and learn how to use motivation to help reinforce behavior. In addition to *Beyond Addiction* (2014), thirteen studies echoed using a form of positive or negative reinforcement (Choate, 2015; Eaton et al., 2015; Harmon, 2018; Hulme et al., 2018; Kiluk et al., 2019; Ladis et al., 2018; McKim et al., 2016; Milloy, 2019; Morrison et al., 1998; Pollard & McKinney, 2016; Stoddard & Pierce, 2016; VanderBroek et al., 2016).

Cognitive behavioral therapy can be seen as a continuation of motivation theory. After identifying an individual’s motivations, cognitive behavioral therapy is used to adjust thoughts and behavior accordingly. It focuses on the link between thoughts, beliefs, and actions. Aaron Beck, the pioneer of cognitive behavioral therapy, theorized that the way individuals think about

things will affect their beliefs, and in turn, affect their behavior. The use of cognitive behavioral therapy focuses on reconstructing automatic thoughts. It also aims to identify and change negative thinking, which is expected to produce more positive behavior. Dialectical behavioral therapy is a form of cognitive behavioral therapy with an emphasis on mindfulness. To confirm this approach, 35 articles suggested using one or more component of cognitive behavioral therapy (Black, 2014; Doyle et al., 2019; Ladis et al., 2018; Lyons et al., 2019; McKim et al., 2016; National Institute on Drug Abuse, 2018e; Park & Wu, 2019; Sparrow, 2014; Stoddard & Pierce, 2016).

Conclusion

Using path dependency theory (Kingdom, 1998) and motivation theory (Lakoff, 2002), this chapter analyzed the three major findings of this study: (a) Binder County DWI Court as a Less Punitive Program; (b) Binder County DWI Court Offers Integrated Services; (c) Binder County DWI Court invests in Staff Training. First, I examined how path dependency theory sheds some light on understanding the less punitive measures Binder program utilized.

Findings of this study revealed that the leniency of the methods used by the Binder contrasted with the old practices of jailing participants. As opposed to traditional practices of dealing with DWI recidivists, which include mandatory jail time, cutoff from resources, and isolation, Binder County DWI Court uses more progressive measures, such as rewards for good behaviors, community service instead of jail time, a personalized treatment, individualized therapies, behavioral treatment for substance abuse, and yoga and mindfulness practices. Utilizing evidence-based practices including trauma-informed care, Binder County DWI Court aims to find and implement up-to-date scientific findings such as encouraging peer support, or prioritizing trauma-information. By individualizing therapies and personalizing the treatment of

its participants, the Binder County DWI Court programs engage their individual histories while promoting change through positive feedback.

Likewise, path dependency (1998) theory states that people are often stuck by existing structures and institutions' history, and will therefore follow such established paths, making non-incremental change difficult and unlikely to occur. On the other hand, Binder County DWI Court fights the tendency to get stuck in ineffective processes and makes it a priority to adapt to evidence-based practices. For example, Binder County DWI Court is among the first to offer a trauma-informed team aimed at holistic treatment. Whether it is auxiliary services, help for family members, peer support, or community involvement, Binder County DWI Court is offering more personalized treatment and is having better results. This personalized approach is a continuation of the motivational interviewing done during the first phase of the program. The supportive measures Binder County DWI Court takes to ensure the wellness of their participants align well with the major tenets of motivation theory.

CHAPTER SIX: SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

Summary of the Study

My study explored the success of Binder County's DWI Court Program. This program is a nonpunitive approach in the criminal justice system for people with a substance use disorders. My favorite description of Binder County's DWI Court is found on the cover page of the most recent participant handbook: "Breaking the cycles of addiction and crime through trauma-informed supervision and improved access to therapy, substance abuse treatment, and recovery support services" (Binder County Courthouse, 2019, p. 1). Similarly, the most up-to-date mission statement is as follows:

The mission of the Binder County DWI Court is to provide a comprehensive, multidisciplinary response to the repeat offender that breaks the cycles of addiction and crime through accountability and improved access to services. This will lead to increased public safety, reduced recidivism, lowered costs and strengthened families in our communities. (Binder County Courthouse, 2019, p. 4)

This study sought to identify the mechanisms that a DWI court within Binder County utilized to reduce recidivism. It also examined the elements of those mechanisms that can be adopted in other treatment courts. I conducted three field experiences, six field observations (four in person and two virtual), and interviewed 15 informants including four community members, three Binder Court DWI staff, and eight volunteers. The community members provided valuable information that was useful to the study, but who did not have a formal title related to substance use. To conduct such a detailed study and make sense of the multifaceted data, I chose to use qualitative research as the sole methodology for this case study. Case studies are best used to understand social phenomena that are often complex, and this method allows the researcher to preserve important characteristics of real-life events (Yin, 2009). Yin (2009) stated, "in general,

case studies are the preferred method when (a) ‘how’ or ‘why’ questions are being posed, (b) the investigator has little control over events, and (c) the focus is on a contemporary phenomenon within a real-life context” (p. 2). Case studies focus on a specific situation or people, and then require the investigator to use multiple sources of data including documents, artifacts, interviews, and observations (Yin, 2009). The interest is in process rather than outcomes, in context rather than a specific variable, and in discovery rather than confirmation (Merriam, 1998). This was a case study because it investigated the single case of DWI recidivism in a single county. As advised by Yin (2009), I approached the data to respond to the questions of why this county succeeded in its treatment of DWI cases and how other counties can learn from their experience.

Using snowball sampling, I was able to interview people who I may not have had the opportunity to reach otherwise which resulted in a comprehensive set of data to analyze. In addition to snowball sampling, I used convenient sampling (Merriam & Tisdell, 2017) to recruit those candidates that were available to participate in the study. I used a total of 15 informants including four community members, and three members of Binder County’s DWI Court. To collect data, I used three strategies including unstructured interviewing as described by Merriam and Tisdell (2007), field experiences, field observations, and document analysis, which led to three findings.

Finding one was Binder County DWI court as a less punitive program. In lieu of incarceration, Binder County DWI Court gives offenders treatment options. While a person is participating in the Binder County DWI Court program, they receive a stay of execution, which simply puts a pause on going to jail and/or prison. If the program is completed successfully, the case is closed with the conviction and completion of Binder County DWI Court program on record. Finding two was Binder County DWI court offered integrated services. Rather than harsh punishment, Binder County DWI Court’s treatment policy follows evidence-based

recommendations to provide a nonrestrictive environment that better encourages people to change. The court's multidisciplinary continuum of support includes substance use treatment, group and peer support, mental health therapy, and mindfulness practices. Lastly, finding three stated that Binder County DWI Court utilized evidence-based practices, including trauma-informed care. Specifically, Binder County DWI Court incorporates evidence-based tools such as trauma-informed yoga, somatic experiencing, breath-work, meditation, and relaxation techniques. This study of the practices that Binder County court utilized to ensure the success of its DWI programs can generate a number of implications for practice and policy change. In particular, three of Binder County practices can lead those implications: adapting evidence-based practices, organizing specialized positions, and flexibility to socio-political changes. The following section discusses these implications.

Study Implications

Adaptable to Evidence-Based Practices

The success of Binder County's DWI Court was positively influenced by the how they adapted new scientific data to ensure best practices. The program adapted practices and policies on addiction, the brain, and behavior, based on the most current research available.

For example, the 2016 report on the Binder County Court stated:

By adopting an evidence-based public health approach, America has the opportunity to take genuinely effective steps to prevent and treat substance-related issues...A public health approach will also reduce collateral damage created by substance misuse, such as infectious disease transmission and motor vehicle crashes. Thus, promoting much wider adoption of appropriate evidence-based prevention, treatment, and recovery strategies needs to be a top public health priority (U.S. Department of Health and Human Services, 2016b, p. 13).

Therefore, this study suggested that similar programs can reap success in their DWI recidivism programs, should they become adaptable to the most recent scientific findings. Additionally, this study suggest that success is possible when DWI programs are willing to change their procedures in response to the needs of program participants. This study also suggests that a DWI program that relies on evidence-based research is likely to be successful in treating recidivism should it become more informal than it was at its inception and use trauma-informed practices.

Specialized Positions and Flexibility

The second implication of this study concerns specialized positions, which allowed Binder county to achieve flexibility and data-driven success. Binder County DWI Court has many specialized positions. In addition, the program prioritizes regular studies to evaluate the effectiveness of the program. The court evaluator objectively analyzes the program as a whole and, therefore, must be an outside party. In addition to attending all team meetings and court sessions to continuously review the effectiveness of the program, court evaluators are in charge of designing studies through interviews, observations, focus groups, surveys, and other data to provide feedback and make recommendations to the program. A third implication of this study can address the DWI program flexibility to dealing with socio-political issues such as COVID-19. This study implies that the adaptation to new socio-political environments can bring success to DWI recidivism programs. Such global issues as the outbreak of COVID-19 can bring renewed crises, which can prompt DWI programs to adapt accordingly. This study also implies that adaptation takes creativity to ensure the wellness of participants and the involvement.

Recommendations

This case study, which explored the strategies Binder County DWI Court utilized to be successful, calls for recommendations for several constituencies. However, because this study only examined the successful practices in one single county of the US, recommendations beyond the

scope of this geographic entity should be cautiously considered. Below I propose recommendations for DWI professionals, Binder County's DWI Court, public health policy makers, and future studies.

Recommendations for DWI Professionals

This research has suggested that Binder County treatment court developed into less confrontational practices by using more motivational techniques. It is recommended for professionals dealing with DWI recidivists to use less confrontational practices, that can include using community resources as opposed to treatment agencies. Findings also support using community resources, due to the monetary savings. According to Carey and colleagues (2012), utilizing community members in treatment courts almost doubled the cost savings. It is recommended that professionals used data-driven measurements, metrics, and evidence-based data is utilized when dealing with those who abuse AoD. That objective data should allow professionals to foster family programming. Support from loved ones such as family members can be crucial in a person's rehabilitation. There are many family programs available with differences as vast as the treatment centers themselves. I also recommend the other successful strategies utilized by the Binder County DWI program, which include the use of advocates. It is important for individuals to advocate for themselves and their loved ones with prescribers, doctors, dentists, and healthcare services.

Recommendations for Binder County DWI Court

According to the process, outcome, and cost evaluation completed by Zil and colleagues (2014), national research on treatment courts demonstrated that better outcomes occurred with the involvement of less treatment agencies. Community resources are often a good alternative to formal treatment agencies. Results from the American University National Drug Court Survey showed that collaboration with treatment courts and community resources provide participants with needed assistance (Zil et al., 2014). True partnership with these community

resources provides the best outcomes for program participants (Carey et al., 2005; 2012).

Findings also support using community resources, due to the monetary savings. According to Carey and colleagues (2012), utilizing community members in treatment courts almost doubled the cost savings. All informants agreed that partnering with the community is important for success.

Family Programming

Support from loved ones, such as family members, can be crucial in a person's rehabilitation. There are many family programs available with differences as vast as the treatment centers themselves. I can personally recommend the following resources.

The Retreat. The Retreat is a family program in Wayzata, Minnesota which can be accessed through their website: <https://www.theretreat.org>

Center for Motivation and Change. I also highly recommend resources made available through the Center for Motivation and Change. A few of my favorites are *Beyond Addiction*, a book written by Jeffrey Foote; and *Motivating Substance Abusers to Enter Treatment: Working with Family Members*, a book written by Jane Ellen Smith and Robert Meyers.

Advocates

There are plainly too many misunderstandings and biases around mental health and addiction, and education is necessary to change the stigma. Ava said, frustrated, "the average physician gets one hour of addiction treatment and it's (addiction) a national health epidemic." Professionals in a myriad of industries should be required to have more training in mental health issues including addiction. It is important for individuals to advocate for themselves and their loved ones with prescribers, doctors, dentists, and healthcare services. Some suggestions for advocating are listed below:

Carry Naloxone and encourage others to do the same.

Talk to local first responders about carrying Naloxone.

Talk to local schools, churches, and groups about keeping Naloxone on site.

Pick three individuals to discuss the disease of addiction with this week.

Participate in advocacy efforts to change laws and reduce stigma.

Talk to your workplace about providing Naloxone and information on addiction.

Share your story.

Other campaigns can be led by organizations to inform society, and reduce stigma associated with substance abuse. For example, Emily's Program led a marketing campaign that informed the public through statistics, FAQs, and compelling anecdotes.

Opioid and Addiction Epidemic and the Response of the State Courts highlighted three especially effective programs include Kentucky's Sobriety Treatment and Recovery Teams (START), Florida's Early Childhood Courts, and Tennessee's Healthy Babies Program.

Kentucky's START program pairs specially trained child protective service workers with parents/families who are trying to achieve recovery and maintain custody. The program's primary goal is to ensure participants have access to high-quality and appropriate treatment.

Florida's Early Childhood Courts is a specialized court that is trauma-informed, meaning that it is sensitive to the trauma that individuals have experienced, taking precautions to be safe, empathetic, and not triggering. It utilizes child-parent psychotherapy, frequent child-parent contact, and family team meetings. Lastly, Tennessee's Healthy Baby Program has the goal of reducing the number of babies born with Neonatal Abstinence Syndrome (NAS) by requiring the reporting of NAS births; increasing access to contraceptives and drug treatment; and offering safe and sober housing and support for pregnant women. As a result of this program, NAS births decreased by 52% in one year (National Judicial Opioid Task Force, 2019b).

Peer Support

Those who work directly with people who abuse AoD should encourage and recommend group therapy, sober friends, and sober living. Schools should offer or recommend counseling,

peer groups, and resources to new students and at-risk students with a personal or family history of addiction. Participants should engage in more groups once they are informed about the benefits of peer support by insurance companies and treatment center staff. Peer support groups are a great place for participants to practice healthy boundaries. Legislators should require peer support to be covered by insurance and mandate peer support of some kind as a part of treatment programs. Lastly, leaders, such as educators and healthcare providers, must be better informed on the subject of addiction and substance abuse. By providing more accurate information to these leaders, they are better equipped to make data-based decisions. It is recommended that a well-informed organization run a marketing campaign to challenge the inaccurate stigmas associated. An example of a successful outdoor campaign that informed the public is the Beside Me When campaign, which ran nationally from The Emily Project in the 2010s, and boasts ten million impressions as a result of the campaign (The Emily Program, 2020). In addition to better measurements, it will take organization and cooperation to make change.

Recommendations for Public Health Policy

All public health policy needs to be adjusted, but especially health insurance coverage, treatment practices, and language. Collecting data is only half of the goal when measuring success--The other half is actually using and implementing change. It is recommended that data driven measurements, metrics, and evidence-based data is utilized when dealing with those who abuse AoD. There is even evidence-based practices for family members with better outcomes than punitive or enabling behaviors. This information can be measured by many avenues.

Reduced recidivism is measured by arrests, charges, convictions, and probation violations. Increased abstinence is measured by preliminary breath testing, urinalysis testing, and self-reporting. Increased retention is measured by rates of graduations, appearances at Binder County DWI Court hearings, attendance of probation appointments, and completion of treatment

programming and other programming requirements. Improved access to services is measured by comprehensive assessments completed during the first week, referrals to identified services and further assessments, identified services entered/completed, and enrollment with a primary care physician. Lastly, improved functioning is measured by attendance at self-help groups, obtaining stable housing, paying fines and court costs, participation in pro-social activities, obtaining and keeping employment, reinstatement of driving privileges, etc.

We, as a society, need to prioritize the decriminalization of addiction. Thankfully, changes are in the works with new scientific findings and treatment courts like Binder County increasing. A report from 2016 found that there were 3,057 treatment courts in 2014 (Marlowe et al., 2016). According to the U.S. Department of Health and Human Services (2016b), “Ongoing health care and criminal justice reform efforts, as well as advances in clinical, research, and information technologies are creating new opportunities for increased access to effective prevention and treatment services” (p. 1). Since this is an epidemic affecting public health, better understanding is crucial. While the Surgeon General highlights the benefits of scientific research leading to change, he also recognizes that change is difficult:

Making this change will require a major cultural shift in the way we think about, talk about, look at, and act toward people with substance use disorders. Negative attitudes and ways of talking about substance misuse and substance use disorders can be entrenched, but it is possible to change social attitudes. This has been done many times in the past: cancer and HIV used to be surrounded by fear and judgment, now they are regarded by many as simply medical conditions. (U.S. Department of Health and Human Services, 2016b, p. 13).

This research showed that Binder County DWI Court program relied on objective data to make adequate changes that benefitted both the participants and the community. An urgent change in

public health policy is needed for drastic changes to the system. Public policy should reflect the medical findings that addiction is a disease and needs to be dealt with accordingly. Most importantly, the healthcare industry including the insurance companies and medical providers, must be better equipped to offer substantial assistance to those with substance abuse issues including substantial changes to coverage for longer term care. Public Health Policy should also include a change in language.

According to Barry and colleagues (2018), “a small change in language (known as framing effects) can shift attitudes fairly dramatically” (p. 157). This is especially necessary when discussing AoD use to combat the stigma that prevents individuals from getting help. For example, instead of referring to someone as “DWI number 146”, it would be recommended to say, “person with a DWI.” This minor change in language makes a distinction between the person and the crime. In addition, supporters are directed to avoid words like “addict” and “junkie” (Barry et al., 2018 p. 1157). Person-first language would replace these derogatory terms by saying “a person with a substance use disorder.” While “patient” is a much more accurate and appropriate word than addict, it is still not person-centered. The importance of language associated with stigma is an important change that must be made. Language is the first step away from the ineffective processes of the past.

Recommendations for Further Studies

In a press release from the Centers for Disease Control and Prevention (CDC), more than 220 Americans are dying from overdoses every day, and “researchers warn that 10 Western states had reported a doubling in synthetic opioid-involved deaths. In parts of the country, such as San Francisco and Vermont, drug-related fatalities in 2020 were on track to outpace deaths from COVID-19.” Further studies are urgently needed. There is an emerging awareness of trauma and trauma-informed practices as the number of studies increase. Posttraumatic stress

disorder is beginning to be referred to as posttraumatic stress syndrome, in an effort to change the name and language from disorder to syndrome. New findings are also changing the way we conceptualize mental health diagnoses. For example, experts such as researchers and psychologists, are discovering that diagnoses, such as posttraumatic stress disorder, depression, and anxiety are adaptive responses, rather than disorders or syndromes. Further study on trauma and how it affects individuals, would offer a more thorough understanding of addiction and motivation. In addition, a study to determine the correlation between Adverse Childhood Experiences and addiction would be beneficial. If Adverse Childhood Experiences are as predictive as indicated, the problem within society can be better developed, and therefore offer more appropriate services.

Additionally, Binder County DWI Court participants are not diverse and further studies in this area would help determine how to make practices more effective according to the needs of the local people. The industry and research would also benefit from more comparing and contrasting of other successful treatment courts. By studying other effective courts, patterns can be better identified.

Conclusion

The findings of this study highlight the importance of evidence-based practices. It is imperative that all programs are data-driven for evaluation of programs. Additionally, the findings suggest the importance of a team approach. Treatment court teams should include legal parties, treatment for substance abuse, counselors, physicians, and support services such as job placement, housing, and educators. Treatment courts should also utilize community support. Another finding is the need to move away from punitive practices. Non-punitive practices still must include close monitoring and supervision, as employed by the Court. Supervision is key to the success of a participant and should be frequent and random during the first phase of treatment

court. Technology has transformed how probation and supervision is conducted. New improvements include portable breathalyzers, GPS tracking, and access at one's fingertips to crisis lines. In rural areas, treatment courts are able to provide more services through remote drug screening, training, and court appearances. This also proved valuable during the COVID-19 pandemic of 2020. Court appearances typically begin at once every two weeks and decrease with time. Another central component to treatment court is rewards and sanctions. These rewards and sanctions do not have to be identical to those of Binder County's DWI Court, but they should be motivation-based with a focus on positive behavior reinforcement. This study has shown that the issue of DWI recidivism will not go away without major changes. To this point, high level, big picture changes need to be made urgently. Binder County's DWI Court is different than the typical treatment court and achieves its success with a combination of evidence-based practices such as non-punitive options, more holistic care, and education. Other treatment courts and organizations have the opportunity to use these practices and lessons to create more successful programs. As a result of more effective treatment programs, society and individuals can reach higher heights through more productive and happier lives.

REFERENCES

- Abraham, A. J., Smith, B. T., Andrews, C. M., Bersamira, C. S., Grogan, C. M., Pollack, H. A., & Friedmann, P. D. (2019). Changes in state technical assistance priorities and block grant funds for addiction after ACA implementation. *American Journal of Public Health*, 109(6), 885-891. <https://doi.org/10.2105/AJPH.2019.305052>
- Binder County DWI Court. (2017). *Policy and procedure manual*.
https://www.dwicourts.org/wpcontent/uploads/2017/08/DWI-Court-Policy-Manual-w-logo-March_2017_Final.pdf
- Binder County DWI Court Program earns another national honor. (2018).
<https://www.wdio.com/news/dwi-court-duluth-floerke/4948697/>
- Alcohol and Drug Abuse Division. (2017). *Substance use disorder system reform report and recommendations*. https://mn.gov/dhs/assets/2017-01-substance-use-disorder-systemreform-report_tcm1053-275362.pdf
- Alcoholics Anonymous. (1967). *As Bill sees it: The A.A. way of life*. Alcoholics Anonymous World Services Inc.
- Andrews, D., & Bonta, J. (2010). *The psychology of criminal conduct* (5th Ed.). LexisNexis.
- Au-Yeung, C., Blewett, L. A., & Lange, K. (2019). Addressing the rural opioid crisis through cross-sector collaboration: Little Falls, Minnesota. *American Journal of Public Health*, 109(2), 260-262. <https://doi.org/10.2105/AJPH.2018.304789>
- Barry, C. L., Huskamp, H. A., & Goldman, H. H. (2010). A political history of federal mental health and addiction insurance parity. *Milbank Quarterly*, 88(3), 404-433.
<https://dx.doi.org/10.1111%2Fj.1468-0009.2010.00605.x>
- Barry, C. L., Sherman, S. G., & McGinty, E. E. (2018). Language matters in combatting the opioid epidemic: Safe consumption sites versus overdose prevention sites. *American*

- Journal of Public Health*, 108(9), 1157–1159. <https://doi.org/10.2105/AJPH.2018.304588>
- Berridge, V. (2015). History and its contribution to understanding addiction and society. *Addiction*, 110(S2), 23-26. <https://doi.org/10.1111/add.12903>
- Black, D. S. (2014). Mindfulness-based interventions: An antidote to suffering in the context of substance use, misuse, and addiction. *Substance Use & Misuse*, 49(5), 487-491. <https://doi.org/10.3109/10826084.2014.860749>
- Brown, R. T. (2010). Systematic review of the impact of adult drug-treatment courts. *Translational Research*, 155(6), 263-274. <https://dx.doi.org/10.1016%2Fj.trsl.2010.03.001>
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits*. NPC Research. https://www.courts.ca.gov/documents/drug_court_phase_II.pdf
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. NPC Research. https://ndcrc.org/wpcontent/uploads/2020/08/Exploring_The_Key_Components_Comparative_Study_on_18_Adult_Drug_Courts_on_Practices_Outcomes_and_Costs.pdf
- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The 10 key components of drug courts: Research based best practices. *Drug Court Review*, 8(1), 6-42.
- Center for Behavioral Health Statistics and Quality. (2016). *Impact of the DSM-IV to DSM 5 changes on the National Survey on Drug Use and Health*. Substance Abuse and Mental Health Services Administration.
- Charmaz, K. (2014). *Constructing grounded theory: Methods for the 21st century* (2nd ed.). SAGE Publications.

- Choate, P. W. (2015). Adolescent alcoholism and drug addiction: The experience of parents. *Behavioral Sciences*, 5(4), 461-476. <https://doi.org/10.3390/bs5040461>
- Chuang, E., Wells, R., Alexander, J. A., Friedmann, P. D., & Lee, I. (2009). Factors associated with use of ASAM criteria and service provision in a national sample of outpatient substance abuse treatment units. *Journal of Addiction Medicine*, 3(3), 139-150. <https://doi.org/10.1097/ADM.0b013e31818ebb6f>
- Cook, C. C. H. (1988). The Minnesota Model in the management of drug and alcohol dependency: Miracle, method or myth? Part I. The philosophy and the programme. *British Journal of Addiction*, 83(6), 625-634. <https://doi.org/10.1111/j.1360-0443.1988.tb02591.x>
- Crabtree, A., & Masuda, J. R. (2019). Naloxone urban legends and the opioid crisis: What is the role of public health? *BMC Public Health*, 19(1), 670. <https://doi.org/10.1186/s12889-019-7033-5>
- Cramer, H., Anheyer, D., Saha, F. J., & Dobos, G. (2018). Yoga for posttraumatic stress disorder: A systematic review and meta-analysis. *BMC Psychiatry*, 18(1), 72. <https://doi.org/10.1186/s12888-018-1650-x>
- Csete, J. (2019). Criminal justice barriers to treatment of opioid use disorders in the United States: The need for public health advocacy. *American Journal of Public Health*, 109(3), 419-422. <https://doi.org/10.2105/AJPH.2018.304852>
- D'Andrea, W., Sharma, R., Zelechowski, A. D., & Spinazzola, J. (2011). Physical health problems after single trauma exposure when stress takes root in the body. *Journal of the American Psychiatric Nurses Association*, 17(6), 378-392. <https://doi.org/10.1177/1078390311425187>

- Darker, C. D., Sweeney, B., Keenan, E., Whiston, L., Anderson, R., & Barry, J. (2016). Screening and brief interventions for illicit drug use and alcohol use in methadone maintained opiate-dependent patients: Results of a pilot cluster randomized controlled trial feasibility study. *Substance Use & Misuse*, 51(9), 1104-1115.
<https://doi.org/10.3109/10826084.2016.1160118>
- Davis, J. P., Dworkin, E. R., Helton, J., Prindle, J., Patel, S., Dumas, T. M., & Miller, S. (2019). Extending poly-victimization theory: Differential effects of adolescents' experiences of victimization on substance use disorder diagnoses upon treatment entry. *Child Abuse & Neglect*, 89, 165-177. <https://doi.org/10.1016/j.chiabu.2019.01.009>
- Doyle, M. F., Shakeshaft, A., Guthrie, J., Snijder, M., & Butler, T. (2019). A systematic review of evaluations of prison-based alcohol and other drug use behavioural treatment for men. *Australian & New Zealand Journal of Public Health*, 43(2), 120-130.
<https://doi.org/10.1111/1753-6405.12884>
- Drucker, E. & Clear, A. (1999). Harm reduction in the home of the war on drugs: Methadone and needle exchange in the USA. *Drug and Alcohol Review*, 18, 103-112.
<https://doi.org/10.1080/09595239996824>
- Duwe, G. (2010). Prison-based chemical dependency treatment in Minnesota: An outcome evaluation. *Journal of Experimental Criminology*, 6(1), 57-81.
<http://dx.doi.org/10.1007/s11292-010-9090-8>
- Eaton, K., Ohan, J., & Dear G. (2015). The stigmatisation of the provision of services for alcohol and drug users: A systematic literature review. *Drugs: Education, Prevention and Policy* 22(1), 19-25. <https://doi.org/10.3109/09687637.2014.977230>

- Edwards, G. (2007). How the 1977 World Health Organization report on alcohol-related disabilities came to be written: A provisional analysis. *Addiction*, 102(11), 1711-1721. <https://doi.org/10.1111/j.1360-0443.2007.02003.x>
- Engstrom, P. (1995). *Deliverance at the sea: A reading of exodus 15 in light of ancient near eastern literature and its implications for the Assemblies of God* [Unpublished doctoral dissertation]. Luther Northwestern Theological Seminary.
- Esrick, J., Kagan, R. G., Carnevale, J. T., Valenti, M., Rots, G., & Dash, K. (2019). Can scare tactics and fear based messages help deter substance misuse: A systematic review of recent (2005-2017) research. *Drugs: Education, Prevention and Policy*, 26(3), 209-218. <https://doi.org/10.1080/09687637.2018.1424115>
- Farmer, B. M. (2019). *The opioid epidemic: Who is to blame?* <https://www.cbsnews.com/news/the-opioid-epidemic-who-is-to-blame-60-minutes/>
- Felitti, V. J., Anda, R. F., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fendrich, M., & LeBel, T. P. (2019). Implementing access to medication assisted treatment in a drug treatment court: Correlates, consequences, and obstacles. *Journal of Offender Rehabilitation*, 58(3), 178-198. <https://doi.org/10.1080/10509674.2019.1582573>
- Ferguson, N., Savic, M., Sandral, E., Lubman, D. I., McCann, T. V., Emond, K., Sandral, E., Smith, K., Roberts, L., Bosley, E., & Lubman, D. I. (2019). "I was worried if I don't have a broken leg they might not take it seriously": Experiences of men accessing

- ambulance services for mental health and/or alcohol and other drug problems. *Health Expectations*, 22(3), 565-574. <https://doi.org/10.1111/hex.12886>
- Fergusson, D., Boden, J., & Horwood, L. (2010). Structural models of the comorbidity of internalizing disorders and substance use disorders in a longitudinal birth cohort. *Social Psychiatry & Psychiatric Epidemiology*, 46(10), 933-942. <https://doi.org/10.1007/s00127-010-0268-1>
- Foote, J., Wilkens, C., Kosanke, N., & Higgs, S. (2014). *Beyond addiction: How science and kindness help people change*. Scribner.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13(117). <http://www.biomedcentral.com/1471-2288/13/117>
- Harmon, J. (2018). Leisure participation, substance abuse disorders, and recovery. *Annals of Leisure Research*, 21(4), 507-521. <https://doi.org/10.1080/11745398.2017.1326157>
- Hautala, D., Sittner, K., & Walls, M. (2019). Onset, comorbidity, and predictors of nicotine, alcohol, and marijuana use disorders among North American Indigenous adolescents. *Journal of Abnormal Child Psychology*, 47(6), 1025-1038. <https://doi.org/10.1007/s10802-018-0500-0>
- Herzberg, D., Guarino, H., Mateu-Gelabert, P., & Bennett, A. S. (2016). Recurring epidemics of pharmaceutical drug abuse in America: Time for an all-drug strategy. *American Journal of Public Health*, 106(3), 408-410. <https://doi.org/10.2105/ajph.2015.302982>
- Hulme, S., Bright, D., & Nielsen, S. (2018). The source and diversion of pharmaceutical drugs for non-medical use: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, 186(1), 242-256. <https://doi.org/10.1016/j.drugalcdep.2018.02.010>

- Imtiaz, S., Probst, C., & Rehm, J. (2018). Substance use and population life expectancy in the USA: Interactions with health inequalities and implications for policy. *Drug & Alcohol Review*, 37(S1), S263-S267. <https://doi.org/10.1111/dar.12616>
- Jones, A., Pierce, M., Sutton, M., Mason, T., & Millar, T. (2018). Does paying service providers by results improve recovery outcomes for drug misusers in treatment in England? *Addiction*, 113(2), 279-286. <http://dx.doi.org/10.1111/add.13960>
- Jun, J. H., & Fairbairn, N. (2018). Integrating injectable opioid agonist treatment into a drug treatment court program: A case study. *Substance Abuse*, 39(4), 493-496. <https://doi.org/10.1080/08897077.2018.1485129>
- Kandall, S. R., & Chavkin, W. (1992). Illicit drugs in America: History, impact on women and infants, and treatment strategies for women. *Hastings Law Journal*, 43(3), 615-643. https://repository.uchastings.edu/hastings_law_journal/vol43/iss3/5/
- Katz, B. (2019). *The U.S. has the highest overdose death rate of any wealthy nation*. <https://www.smithsonianmag.com/smart-news/us-has-highest-overdose-death-rate-anywealthy-nation-180971559/>
- Kiluk, B. D., Fitzmaurice, G. M., Strain, E. C., & Weiss, R. D. (2019). What defines a clinically meaningful outcome in the treatment of substance use disorders: Reductions in direct consequences of drug use or improvement in overall functioning? *Addiction*, 114(1), 9-15. <https://doi.org/10.1111/add.14289>
- Kim, T. W., Bernstein, J., Cheng, D. M., Lloyd, T. C., Samet, J. H., Palfai, T. P., & Saitz, R. (2017). Receipt of addiction treatment as a consequence of a brief intervention for drug use in primary care: A randomized trial. *Addiction*, 112(5), 818-827. <https://doi.org/10.1111/add.13701>
- Kingdon, J. W. (1998). *America the unusual*. Wadsworth Publishing Company.

- Ladis, B. A., Macgowan, M., Thomlison, B., Fava, N. M., Huang, H., Trucco, E. M., & Martinez, M. J. (2018). Parent-focused preventive interventions for youth substance use and problem behaviors: A systematic review. *Research on Social Work Practice, 29*(4), 420-442. <https://doi.org/10.1177%2F1049731517753686>
- Lago, L., Glantz, M. D., Kessler, R. C., Sampson, N. A., Al-Hamzawi, A., Florescu, S., Moskalewicz, J., Murphy, S., Navarro-Mateu, F., Torres de Galvis, Y., Viana, M. C., Xavier, M., & Degenhardt, L. (2017). Substance dependence among those without symptoms of substance abuse in the World Mental Health Survey. *International Journal of Methods in Psychiatric Research, 26*(3). <https://doiorg.ezproxy.stthomas.edu/10.1002/mpr.1557>
- Lakoff, G. (2002). *Moral politics: How liberals and conservatives think*. University of Chicago Press.
- Lauterbach, D., Vora, R., & Rakow, M. (2005). The relationship between posttraumatic stress disorder and self-reported health problems. *Psychosomatic Medicine, 67*(6), 939-947. <https://doi.org/10.1097/01.psy.0000188572.91553.a5>
- Lee, P. (2015b). *Moving away from one-size-fits-all handling of DWI offenders*. <https://www.responsibility.org/blog/moving-away-from-one-size-fits-all-handling-ofdwi-offenders/>
- Litman, R. (2019). *Binder County chosen for national initiative to offer treatment for opioid use disorder in jail*. <https://content.govdelivery.com/accounts/MNSTLOUIS/bulletins/24d5322>
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, A., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues, 31*(1), 7-26. <https://doi.org/10.1177%2F002204260103100103>

- Louwagie, P. (2017, September 17). *Duluth judge adds personal touch to help repeat drunken driving offenders*. Star Tribune. <http://www.startribune.com/>
- Lurigio, A. J. (2008). The first 20 years of drug treatment courts: A brief description of their history and impact. *Journal of Correctional Philosophy and Practice*, 72(1).
https://www.uscourts.gov/sites/default/files/72_1_2_0.pdf
- Lyons, T., Womack, V. Y., Cantrell, W. D., & Kenemore, T. (2019). Mindfulness-based relapse prevention in a jail drug treatment program. *Substance Use & Misuse*, 54(1), 57-64.
<http://dx.doi.org/10.1080/10826084.2018.1491054>
- Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016). *Painting the current picture: A national report on drug courts and other problem-solving courts in the United States*. National Drug Court Institute. <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). SAGE Publications.
- McCarty, D. (2019). A changing landscape for treatment of alcohol and drug use disorders. *American Journal of Public Health*, 109(6), 838-839.
<https://doi.org/10.2105/AJPH.2019.305080>
- McKim, T. H., Bauer, D. J., & Boettiger, C. A. (2016). Addiction history associates with the propensity to form habits. *Journal of Cognitive Neuroscience*, 28(7), 1024-1038.
https://doi.org/10.1162/jocn_a_00953
- Merrall, E. L. C., Kariminia, A., Binswanger, I. A., Hobbs, M. S., Farrell, M., Marsden, J., Hutchinson, S. J., & Bird, S. M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Society for the Study of Addiction*, 105(9), 1545-1554.
<https://dx.doi.org/10.1111%2Fj.1360-0443.2010.02990.x>

- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. Jossey-Bass Publishers.
- Mewton, L., Visontay, R., Chapman, C., Newton, N., Slade, T., Kay-Lambkin, F., & Teesson, M. (2018). Universal prevention of alcohol and drug use: An overview of reviews in an Australian context. *Drug & Alcohol Review*, 37(S1), S435-S469.
<https://doi.org.ezproxy.stthomas.edu/10.1111/dar.12694>
- Milloy, J. (2019). Curb Heroin in Plants (C.H.I.P.): Revisiting a mid-1970s intervention into workplace heroin addiction created and led by Detroit autoworkers. *American Journal of Public Health*, 109(3), 406-411. <https://doi.org/10.2105/AJPH.2018.304858>
- Minnesota Department of Human Services. (2017). *Binder County fact sheet*.
http://sumn.org/~media/515/ST_LOUIS_COUNTY_2017_SUMN_Fact_Sheet.pdf
- Minnesota Judicial Branch. (n.d.). *Treatment courts*. <http://www.mncourts.gov/Help-Topics/Treatment-Courts.aspx>
- Minnesota Judicial Branch. (2011). *Minnesota drug courts*. <https://www.mncourts.gov/About-The-Courts/PublicationsAndReports>
- Moberg, C. A., & Humphreys, K. (2017). Exclusion criteria in treatment research on alcohol, tobacco and illicit drug use disorders: A review and critical analysis. *Drug & Alcohol Review*, 36(3), 378-388. <https://doi.org/10.1111/dar.12438>
- Morrison, D. M., Spencer, M. S., & Gillmore, M. R. (1998). Beliefs about substance use among pregnant and parenting adolescents. *Journal of Research on Adolescence*, 8(1), 69-95.
https://doi.org/10.1207/s15327795jra0801_4
- National Association of Drug Court Professionals. (2019). *Academy courts*.
<https://www.dwicourts.org/resources/training/foundational-training/academy-courts/>

National Center for State Courts. (n.d.). *NJOTF resource center for courts*.

<https://www.ncsc.org/information-and-resources/companion-sites/opioids>

National Institute on Drug Abuse. (2017a). *Over-the-counter medicines*.

<https://www.drugabuse.gov/publications/drugfacts/over-counter-medicines>

National Institute on Drug Abuse. (2017b). *Trends and Statistics*.

<https://www.drugabuse.gov/related-topics/trends-statistics>

National Institute on Drug Abuse. (2018b). *Comorbidity: Substance use disorders and other mental illnesses*. [https://www.drugabuse.gov/publications/drugfacts/comorbiditiesubstance-](https://www.drugabuse.gov/publications/drugfacts/comorbiditiesubstance-use-disorders-other-mental-illnesses)

[use-disorders-other-mental-illnesses](https://www.drugabuse.gov/publications/drugfacts/comorbiditiesubstance-use-disorders-other-mental-illnesses)

National Institute on Drug Abuse. (2018c). *Marijuana as medicine*.

<https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

National Institute on Drug Abuse. (2018d). *Monitoring the future survey: High school and youth trends*. [https://www.drugabuse.gov/publications/drugfacts/monitoring-future-surveyhigh-](https://www.drugabuse.gov/publications/drugfacts/monitoring-future-surveyhigh-school-youth-trends)

[school-youth-trends](https://www.drugabuse.gov/publications/drugfacts/monitoring-future-surveyhigh-school-youth-trends)

National Institute on Drug Abuse. (2018e). *Prescription CNS depressants*.

<https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants>

National Institute on Drug Abuse. (2018f). *Prescription opioids*.

<https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>

National Institute on Drug Abuse. (2018j). *Understanding drug use and addiction*.

<https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction>

National Institute on Drug Abuse. (2019a). *Criminal justice*.

<https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

National Institute on Drug Abuse. (2019d). *Substance use in women*.

<https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women>

National Institute on Drug Abuse. (2019e). *Treatment approaches for drug addiction*.

<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

National Judicial Opioid Task Force. (2019a). *SUD dictionary for state courts*.

<https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/335>

National Judicial Opioid Task Force. (2019b). *The opioid and addiction epidemic and the response of the state courts* [PDF document].

<https://nadcpconference.org/wpcontent/uploads/2019/07/TS-7.pdf>

Neale, J., Tompkins C. N. E., & Strang, J. (2018). Qualitative exploration of relationships between peers in residential addiction treatment. *Health & Social Care in the Community*, 26(1), e39-e46. <https://doi.org/10.1111/hsc.12472>

Nelson, T. (2017). *Breaking the ice: No 'magic wands' for judges, DWI court leader says*.

<https://minnlawyer.com/2017/09/07/breaking-the-ice-no-magic-wand-for-judges-dwicourt-leader-says/>

Obama, B. (2017). *Quotable Wisdom*. (C. Kelly-Gangi, Ed). Sterling. (Original work published 2016).

Ogata, A. J. N. (2019). A global view of health and well-being. *American Journal of Health Promotion*, 33(4), 621-622. <https://doi.org/10.1177%2F0890117119838101b>

Palpacuer, C., Laviolle, B., Boussageon, R., Reymann, J. M., Bellissant, E., & Naudet, F.

(2015). Risks and benefits of Nalmefene in the treatment of adult alcohol dependence: A systematic literature review and meta-analysis of published and unpublished double-blind randomized controlled trials. *PLoS Medicine*, 12(12), 1-17.

<https://doi.org/10.1371/journal.pmed.1001924>

Park, J.-Y., & Wu, L.-T. (2019). Trends and correlates of driving under the influence of alcohol

- among different types of adult substance users in the United States: A national survey study. *BMC Public Health*, 19(1), 509. <https://doi.org/10.1186/s12889-019-6889-8>
- Polit, D., & Beck, C. (2006). *Essentials of nursing research: Methods, appraisal and utilization* (6th ed.). Lippincott Williams & Wilkins.
- Pollard, M. W., & McKinney, C. (2019). Parental physical force and alcohol use in emerging adults: Mediation by psychological problems. *Journal of Interpersonal Violence*, 34(10), 2087-2109. <https://doi.org/10.1177/0886260516659654>
- Purdue University. (2020). *Changes in 7th edition*. Purdue Owl. https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/apa_changes_7th_edition.html
- Rafful, C., Orozco, R., Rangel, G., Davidson, P., Werb, D., Beletsky, L., & Strathdee, S. A. (2018). Increased non-fatal overdose risk associated with involuntary drug treatment in a longitudinal study with people who inject drugs. *Addiction*, 113(6), 1056-1063. <https://searchebshostcom.ezproxy.stthomas.edu/login.aspx?direct=true&db=s3h&AN=129473436&site=ehost-live>
- Romberg, A. R., Rath, J. M., Miller Lo, E. J., Mayo, A., Liu, M., Vallon, D. M., & Hair, E. C. (2019). Young adults' opioid prescription history and opioid misuse perceptions. *American Journal of Health Behavior*, 43(2), 361-372. <https://doi.org/10.5993/AJHB.43.2.12>
- Romero-Rodríguez, E., Pérula de Torres, L. Á., Leiva-Cepas, F., Fernández García, J. Á., Fernández López, S., Martín-Rabadán Muro, M., Guillem, F. C., & Villalobos, A. R. (2019). Knowledge, attitudes and preventive practices of primary health care professionals towards alcohol use: A national, cross-sectional study. *PLoS ONE*, 14(5), 1-13. <https://doi-org.ezproxy.stthomas.edu/10.1371/journal.pone.0216199>
- Schmitt, J., Warner K., & Gupta, S. (2010). *The high budgetary cost of incarceration*. Center for

- Economic and Policy Research. <https://core.ac.uk/download/pdf/71344818.pdf>
- Seidler, Z. E., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). What gets in the way? Men's perspectives of barriers to mental health services. *International Journal of Social Psychiatry*, 66(2), 105-110. <https://doi.org/10.1177%2F0020764019886336>
- Solomon, E. P., & Heide, K. M. (2005). The biology of trauma: Implications for treatment. *Journal of Interpersonal Violence*, 20(1), 51-60. <https://doi.org/10.1177/0886260504268119>
- Sparrow, P. (2014). Recalling the past: Probation officers work with drug misusers during the 1960s. *Addiction*, 109(11), 1794-1800. <https://doi.org/10.1111/add.12638>
- Staudt, A., Freyer-Adam, J., Meyer, C., Bischof, G., John, U., & Baumann, S. (2019). Does prior recall of past week alcohol use affect screening results for at-risk drinking? Findings from a randomized study. *PLoS ONE*, 14(6), 1-11. <https://doi.org/10.1371/journal.pone.0217595>
- Stoddard, S. A., & Pierce, J. (2016). Alcohol and marijuana use and intentions among adolescents: The role of the reasoned action approach and positive future orientation. *Youth & Society*, 50(6): 758-779. <https://doi.org/10.1177/0044118X16671610>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *Treatment improvement protocol (TIP) 47: Clinical issues in intensive outpatient treatment*.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015a). *Treatment improvement protocol (TIP) 27: Comprehensive case management for substance use treatment*.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015b). *Treatment improvement protocol (TIP) 59: Improving cultural competence*.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017). *2017 NSDUH annual national report*. <https://www.samhsa.gov/data/report/2017-nsduh-annual-nationalreport>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). *National survey of substance abuse treatment services (N-SSATS): 2017. Data on substance abuse treatment facilities*.

Susukida, R., Crum, R. M., Ebnesajjad, C., Stuart, E. A., & Mojtabai, R. (2017). Generalizability of findings from randomized controlled trials: Application to the National Institute of Drug Abuse clinical trials network. *Addiction*, 112(7), 1210-1219.
<http://dx.doi.org/10.1111/add.13789>

The Emily Program. (2020). *Digital campaign: The Emily program*. Hailey Sault.
<https://www.haileysault.com/project/the-emily-project-besidemewhen/>

Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspectives on help-seeking behavior in men. *The Journal of Family Practice*, 48(1), 47-52.
https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/jfp-archivedissues/1999-volume_48/JFP_1999-01_v48_i1_why-don-t-men-seek-help-familyphysici.pdf

United Nations Office on Drugs and Crime. (2017). *World drug report 2017*. United Nations Office on Drugs and Crime. https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf

U.S. Department of Health and Human Services. (2016a). *Facing addiction in America: The surgeon general's spotlight on opioids*.
<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

U.S. Department of Health and Human Services. (2016b). *Facing addiction in America: The surgeon general's spotlight on opioids, executive summary*.

<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

VanderBroek, L., Acker, J., Palmer, A. A., de Wit, H., & MacKillop, J. (2016). Interrelationships among parental family history of substance misuse, delay discounting, and personal substance use. *Psychopharmacology*, 233(1), 39-48. <https://doi.org/10.1007/s00213-015-4074-z>

Vivolo-Kantor, A. M., Hoots, B., David, F., & Gladden, R. M. (2019). Suspected heroin overdoses in US emergency departments, 2017–2018. *American Journal of Public Health*, 109(7), 1022-1024. <https://doi.org/10.2105/AJPH.2019.305053>

Volkow, N. (2016). *The surgeon general's report: Facing addiction in America*. <https://www.drugabuse.gov/about-nida/noras-blog/2016/11/surgeon-generals-reportfacing-addiction-in-america>

Waaktaar, T., Kan, K., & Torgersen, S. (2018). The genetic and environmental architecture of substance use development from early adolescence into young adulthood: A longitudinal twin study of comorbidity of alcohol, tobacco and illicit drug use. *Addiction*, 113(4), 740-748. <https://doi.org/10.1111/add.14076>

Ward, A. (n.d.) *History of specialty courts including Binder County DWI Court and the surrounding area*. [Unpublished manuscript]. Sixth Judicial District.

Weidner, R. R. (2011). *Process evaluation of the Binder County DWI Court Program*. Center for Community and Regional Research. https://www.d.umn.edu/~rweidner/South_StLouis_County_DWI_Court_Evaluation_April_2011.pdf

White, M. C. (2016). 'This is your brain on drugs', tweaked for today's parents. <https://www.nytimes.com/2016/08/08/business/media/this-is-your-brain-on-drugstweaked-for-todays-parents.html>

White, W. L., & Miller, W. R. (2007). The use of confrontation in addiction treatment: History, science, and time for change. *Counselor*, 8(4), 12-30.

https://www.researchgate.net/publication/265148872_The_Use_of_Confrontation_in_Addiction_Treatment_History_Science_and_Time_for_Change_A_History_of_Confrontational_Therapies

Wilson, C., & Lee, P. (2020, May 7). *Trauma informed treatment courts*. Drug Court U: Webinars.

<https://www.ndci.org/drugcourtu/webinars/#:~:text=Trauma%20Informed%20Treatment%20Courts&text=District%20of%20Minnesota.-.Description%3A,Judge%20Shaun%20Floerke%20and%20Dr.>

Wlodarczyk, O., Schwarze, M., Rumpf, H.-J., Metzner, F., & Pawils, S. (2017). Protective mental health factors in children of parents with alcohol and drug use disorders: A systematic review. *PLoS ONE*, 12(6), 1-15. <https://doi.org/10.1371/journal.pone.0179140>

Yasmatani, H., Feit, M., & Mann, A. (2017). The Drug Abuse Prevention and Control Act of 1970: Retrospective assessments of disparate treatment and consequential impact. *Social Work in Public Health*, 32(4), 290-300. <https://doi.org/10.1080/19371918.2017.1282389>

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). SAGE Publications.

Zil, C. E., Waller, M. S., Harrison, P. M., Johnson, A. J., & Carey, S. M. (2014). *Binder County DWI Court, Binder County, MN: process, outcome, and cost evaluation*. NPC Research. <https://npcresearch.com/wp-content/uploads/St-Louis-County-DWI-Court-ProcessOutcome-and-Cost-Report-FINAL-FOR-OTS1.pdf>

Appendices

Appendix A: Informed Consent Form for Court Staff

Appendix B: Confidentiality Form from Binder County DWI Court

Appendix C: Institutional Review Board Approval Letter

Appendix A

Informed Consent Form for Court Staff

Research Participation Key Information An Analysis of South St. Louis County's DWI Court: A Case Study	
What you will be asked to do: We ask participants to recall their experience with the treatment system and/or South St. Louis County's DWI Court. The time commitment is about 20 to 50 hours and the study will take place at the St. Louis County Courthouse or on the phone. Note: it will take place on the phone due to COVID-19 until further notice.	Participating in this study has risks: <ul style="list-style-type: none"> Possible violation of privacy Possible emotional distress Recalling traumatic or distressing events Probing for personal or sensitive information Mental fatigue or embarrassment

Please read this form and ask any questions you may have before agreeing to be in the study.

You are invited to participate in a research study about treatment for substance use disorders. The title of this study is *An Analysis of [REDACTED] DWI Court: A Case Study*. You were selected as a possible participant and are eligible to participate in the study because you have been directly or indirectly impacted by addiction. The following information is provided to help you make an informed decision whether you would like to participate or not.

What will you be asked to do?

If you agree to participate in this study, I will ask you to do the following things:

- Recall your experience with treatment and/or [REDACTED] County DWI Court. You will be asked questions to guide the conversation.
- The time commitment of the study is 2 to 5 hours. Your participation will consist of phone interviews and observations. The observations will take place at the South St. Louis County Courthouse. Interviews and observations may also take place virtually via phone or video. Due to COVID-19, interviews and observations will take place virtually until further notice.
- The estimated number of participants is 50.
- Our conversations will be audiotaped for accuracy in my research. Observations of the courthouse will not be videotaped.

What are the risks of being in the study?

The study has risks:

- There is a possible violation of privacy due to the nature of phone interviews. It is possible that someone could hear the conversation. To minimize risk, you are encouraged to take the phone call in a private place.
- You will be asked to recall DWI court participant's experience with drugs and alcohol. This can include traumatic experiences and may cause emotional distress or embarrassment. You are able to decline any question asked of you or withdraw from the study to minimize the risk.

- The questions you will be asked are sensitive in nature so it may feel like you are being probed. Again, you may decline any question asked of you or withdraw from the study to minimize risk.
- The greatest risk in this study is for the participants of the DWI program, not professionals.

Here is more information about why we are doing this study:

This study is being conducted by Rachel Engstrom, a doctoral student at the University of St. Thomas. This study was reviewed for risks and approved by the Institutional Review Board at the University of St. Thomas.

The purpose of this study is to explore the success of South St. Louis County DWI Court. The recidivism rate of this program is significantly lower than the average in Minnesota and the country. Ultimately, this study will gain information on how we can duplicate the best practices.

There are no direct benefits for participating in this study.

We believe your privacy and confidentiality is important. Here is how we will protect your personal information:

Your privacy will be protected while you participate in this study. I will be in a secure private place during the phone interviews. You are also encouraged to take the phone call in a private space to protect confidentiality. You have the right to decline answering any of the questions I ask.

The records of this study will be kept confidential. In any reports I publish, I will not include information that will make it possible to identify you. The types of records I will create include:

- Audio recordings of the interviews. These audio recordings will be stored on my phone and laptop both secured with a password. Myself and my transcriber will have access to these files. They will be destroyed on December 31, 2023.
- Transcripts of the interviews. These transcripts will be stored on my computer secured with a password. Myself and my transcriber will have access to these files. They will be destroyed on December 31, 2023.
- Paper and digital notes of the interviews and observations. Paper notes will be stored in a locked filing cabinet. Digital notes will be stored on my computer secured with a password. They will be destroyed on December 31, 2023.
- In some cases, I will be collecting data while traveling. This data will be kept confidential in my phone secured by a password.

Though I will do everything I can to protect your confidentiality, State law and ethical standards require that I report any disclosure of the following to appropriate local or State authorities:

- **Clear and imminent danger or harm to yourself or others, or**
- **Suspected or confirmed abuse or neglect of a child or a vulnerable adult.**

We will keep information about you for future research about DWI courts and treatment effectiveness. We will only use aggregate information and will not use any identifiers in future research. There is no limit to the length of time we will store de-identified information, but if you choose to withdraw from the study your information will not be stored for future use. All signed consent forms will be kept for a minimum of three years once the study is completed. Institutional Review Board officials at the University of St. Thomas have the right to inspect all research records for researcher compliance purposes.

This study is voluntary and you have the right to withdraw from the research with no penalties of any kind.

Your participation in this study is entirely voluntary. Your decision whether to participate or not will not affect your current or future relations with DWI court, [REDACTED] or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will be destroyed unless it is already de-identified or published and I can no longer delete your data. You can withdraw by contacting me through phone or email. You are also free to skip any questions I may ask. Consent must be freely given and can be freely withdrawn at any time. Whether consent was given orally or in writing does not affect your ability to change or withdraw consent. Any withdraw request will be considered official and timely.

Who you should contact if you have a question:

My name is Rachel Engstrom. You may ask any questions you have now and at any time during or after the research procedures. If you have questions before or after we meet, you may contact me at 952-3032822 and engs3751@stthomas.edu. You may also contact my advisor, Jean Pierre Bongila, at JPBongila@stthomas.edu. Information about study participant rights is available online at <https://www.stthomas.edu/irb/policiesandprocedures/forstudyparticipants/>. You may also contact Sarah Muenster-Blakley with the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns (reference project number 1567005).

STATEMENT OF CONSENT:

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction and I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study. The consent process will be done with no contact: print consent document and sign it with a written signature, and then send it back in PDF or JPEG form.

You will be given a copy of this form to keep for your records.

Signature of Study Participant**Date****Print Name of Study Participant**

Signature of Researcher**Date**

Appendix B

Confidentiality Form

The participant's identity and privacy will be protected consistent with federal confidentiality laws (42 USC Sect. 2990dd-2), and the regulations implementing these laws at 42 Code of Federal Regulations, Part 2.

Treatment Courts and confidentiality laws are designed to promote community safety and well-being while protecting those seeking treatment from having protected health information released in a harmful or unlawful manner.

The [REDACTED] Treatment Courts can only function if information is shared openly among team members.

Treatment Courts contemplate the integration of criminal case processing and treatment participation. Sharing limited treatment information is a necessary function of Treatment Court operations. If a situation exists where Court practice conflicts with confidentiality laws, then the law prevails. The [REDACTED] Treatment Courts will minimize any unnecessary conflict by obtaining the participant's consent for information disclosure. The participant will be asked to sign a waiver authorizing the transfer of information among all participating agencies.

Sharing Confidential Information

Information that is protected by Federal confidentiality regulations may only be disclosed after the participant has signed a proper consent form. Programs are permitted, but not required to disclose patient identifying information in cases of medical emergencies, program evaluations, and reporting crimes on program premise or against staff. Disclosures to administrators, qualified service organizations and researchers will have written agreements and plans in place to assure confidentiality. All members of the Treatment Court Team must hold information discussed during pretrial interviews, assessment, Court Team staffing meetings, Treatment Court status hearings, and treatment sessions in confidence.

**PROBLEM-SOLVING COURT
CONFIDENTIALITY STATEMENT FORM**

Visitors and Guests:

The DWI Court sessions are open to the public. The team meetings, however, are closed to the public. Occasionally, guests may be permitted to attend team meetings for training purposes or orientation to the drug court process. Guests will be required to complete a Confidentiality Statement Form. The completed, signed forms should be kept in the Court Department by the Court Coordinator.

I, _____, as a guest of the _____ DWI Court, duly recognize my responsibility to the confidentiality of the Program, and hereby agree:

1. Any information discussed at a team meeting shall remain confidential and will not be revealed to anyone.
2. Names of program participants will be disseminated to team members only.
3. Photos, DWI Court files and addresses of DWI Court participants will remain confidential, to be used by DWI Court Team members only.
4. Arrest warrants, and public documents are not confidential.

Signed: _____ Date: _____

Note: This form is necessary in order to comply with Title 42 of the code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. Team members include law enforcement liaison officers and all team back-up members.

Appendix C

Institutional Review Board Approval Letter



All for the Common Good™



Institutional Review Board Approval

Reference: New Project

Action: Project Approved

Approval Date: June 18, 2020

Expiration: June 17, 2021

Dear Rachel:

The Institutional Review Board has reviewed your protocol and approved your project as reflected in the application that you submitted. Please note that all research conducted with this project title must be done in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance that the project is understood by the participants and their signing of the approved consent form. The informed consent process must continue throughout the project via a dialogue between you and your research participants. Federal law requires that each person participating in this study receive a copy of the consent form. All original records relating to participant consent must be retained for a minimum of three years upon completion of the project.

Amendments to targeted participants, risk level, recruitment, research procedures, or the consent process as approved by the IRB must be reviewed and approved by the IRB prior to implementing changes to the research study. No changes may be made without IRB approval *except* to eliminate apparent immediate hazards to the participant.

Any problems involving project participants or others must be reported to the IRB within one (1) business day of the principal investigator's knowledge of the problem. A problem reporting form is available in the IRBNet Document Library or on the IRB website and should be submitted to muen0526@stthomas.edu. Any non-compliance or complaints relating to the project must be reported immediately.

Approval to work with human participants with this project will expire on **June 17, 2021**. Please direct questions at any time to Sarah Muenster-Blakley at (651) 962-6035 or muen0526@stthomas.edu. I wish you success with your project!

Sincerely,

Sarah Muenster-Blakley, M.A., CIP
Chair, Institutional Review Board